| | | | ** PUBLIC DISCLOSURE COPY * Return of Organization Exempt From | | OMB No. 1545-0047 |
|--------------------------------|------------------------|--------------------------------|--|--------------------------------------|------------------------------|
| For | Q | QN | • | | 0000 |
| Form 990 | | | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (Do not enter social security numbers on this form as it may | | |
| | | of the Treasury nue Service | Go to www.irs.gov/Form990 for instructions and the lates | | Open to Public Inspection |
| _ | | | | JUN 30, 2024 | |
| | heck if oplicab | | f organization | D Employer identificat | ion number |
| | Addre | | NE HARBOR, INC. | | |
| | Name | | usiness as | 59-3115093 | 3 |
| | Initial | | r and street (or P.O. box if mail is not delivered to street address) Room/su | | |
| | | P.O. | BOX 100039 | 321-726-82 | 282 |
| | termi ated | City or t | own, state or province, country, and ZIP or foreign postal code | G Gross receipts \$ | 1,258,105. |
| | Amer | PALM | BAY, FL 32910-0039 | H(a) Is this a group return | |
| | Appli tion pend | | nd address of principal officer: BEVERLY DEMEYER | for subordinates? | Yes X No |
| | | SAME | AS C ABOVE | H(b) Are all subordinates includ | |
| | | | | 527 If "No," attach a list | |
| | Vebs | | | H(c) Group exemption n | |
| | orm o I rt I | summarv | | ear of formation: 1992 M S | tate of legal domicile: F L |
| 10 | | | be the organization's mission or most significant activities: DURING T | JE 33/3/ EV COM | |
| e | 1 | | GNIFICANT ACTIVITIES THAT WERE ACHIEVE | | |
| Jan | 2 | Check this bo | | | |
| Governance | 2 | | | | s. 10 |
| ĝ | 4 | | ting members of the governing body (Part VI, line 1a) | | 10 |
| | 5 | | of individuals employed in calendar year 2023 (Part V, line 2a) | | 31 |
| ities | 6 | | of volunteers (estimate if necessary) | | 84 |
| Activities & | - | | d business revenue from Part VIII, column (C), line 12 | | 0. |
| Ă | | | business taxable income from Form 990-T, Part I, line 11 | | 0. |
| | | | | Prior Year | Current Year |
| Ø | 8 | Contributions | and grants (Part VIII, line 1h) | 1,455,785. | 1,176,462. |
| nue | 9 | Program servi | ice revenue (Part VIII, line 2g) | 0. | 0. |
| Revenue | 10 | Investment in | come (Part VIII, column (A), lines 3, 4, and 7d) | 4,784. | 17,005. |
| £ | 11 | Other revenue | e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 15,630. | 31,276. |
| | 12 | Total revenue | - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,476,199. | 1,224,743. |
| | 13 | Grants and si | milar amounts paid (Part IX, column (A), lines 1-3) | 90,207. | 125,570. |
| | 14 | | to or for members (Part IX, column (A), line 4) | 0. | 0. |
| ŝ | | | r compensation, employee benefits (Part IX, column (A), lines 5-10) | 853,121. | 855,081. |
| an Se | | | undraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| Expenses | | | ing expenses (Part IX, column (D), line 25) 44,434. | | |
| ш | 17 | | es (Part IX, column (A), lines 11a-11d, 11f-24e) | 291,226. | 198,398. |
| | 18 | | es. Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,234,554. | 1,179,049. |
| | 19 | Revenue less | expenses. Subtract line 18 from line 12 | 241,645. | 45,694. |
| Net Assets or Fund Balances | • | | | Beginning of Current Year 2,007,528. | End of Year |
| Ssei | 20 | Total assets (I | | | 2,061,642. |
| let A Ind | 21 | | s (Part X, line 26) | 79,086. 1,928,442. | 87,506. 1,974,136. |
| | 22 Irt II | Net assets or Signature | fund balances. Subtract line 21 from line 20 | 1,340,444. | 1,3/4,130. |
| | | - | I declare that I have examined this return, including accompanying schedules and stat | ements and to the best of my kn | owledge and belief it is |
| | • | | . Declaration of preparer (other than officer) is based on all information of which prepa | | טייוטעט מווע טפוופו, וג וא |
| uu, | 00110 | si, una complete | | a or has any knowledge. | |

| | | · · · | | | - | | | | |
|------------|--|-----------------------|---------------|-----------|------------------|----------|----|--|--|
| | | | | | | | | | |
| Sign | Signature of officer | | | | Date | | | | |
| Here | BEVERLY DEMEYER, H | PRESIDENT/CEC |) | | | | | | |
| | Type or print name and title | | | | | | | | |
| | Print/Type preparer's name | Preparer | r's signature | Date | Check | PTIN | | | |
| Paid | ROMAN G CARRAWAY, | CPA ROMA | N G CARRAWAY, | CP 04/08/ | 25 self-employed | P0044817 | 3 | | |
| Preparer | Firm's name CRI ADVISC | DRS, LLC | | | Firm's EIN 99- | 4625061 | | | |
| Use Only | Firm's address 7506 LYNX | WAY, SUITE 2 | 201 | | | | | | |
| | MELBOURNE | , FL 32940 | | | Phone no. 321- | 255-0088 | | | |
| May the II | RS discuss this return with the prep | arer shown above? See | instructions | | | X Yes | No | | |
| LHA For | LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023) | | | | | | | | |
| | | | | | | | | | |

 for Paperwork Reduction Act Notice, see the separate instructions.
 332001 12-21-23

 SEE
 SCHEDULE
 O
 FOR
 ORGANIZATION
 MISSION
 STATEMENT
 CONTINUATION

| | Check if Schedule O contains a response or note to any line in this Part III |
|----|--|
| 1 | Briefly describe the organization's mission: |
| | TO END THE CYCLE OF DOMESTIC VIOLENCE IN BREVARD COUNTY THROUGH |
| | EDUCATION, EMPOWERMENT, INTERVENTION, PREVENTION, SOCIAL CHANGE, |
| | ADVOCACY, AND ENGAGEMENT OF OUR COMMUNITY. |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| 2 | prior Form 990 or 990-EZ? |
| | 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 services? |
| 5 | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| • | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported. |
| 4a | |
| | THE EMERGENCY SHELTER PROVIDED SHELTER, FOOD, AND CLOTHING FOR VICTIMS |
| | OF DOMESTIC VIOLENCE; THE NUMBER OF INDIVIDUALS SHELTERED WAS 157 |
| | INDIVIDUALS/FAMILIES RESULTING IN 162 STAYS AND 6,272 SHELTER NIGHTS, |
| | INCLUDING 4 PETS. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4b | (Code:) (Expenses \$ 270, 462. including grants of \$ 27,986.) (Revenue \$) |
| | OUTREACH SERVICES TO 173 INDIVIDUALS INCLUDING 7 MEN; PROVIDED 1,069 |
| | OUTREACH SERVICE SESSIONS WITH 7,003 SERVICES DURING THOSE SESSIONS. |
| | PROVIDED 764.23 HOURS OF COUNSELING SERVICES FOR VICTIMS OF DOMESTIC |
| | VIOLENCE. PROVIDED INFORMATION AND REFERRALS TO BEST MEET THE NEEDS OF |
| | SURVIVORS AND OUR COMMUNITY; WHICH INCLUDED PROVIDING 1,474 REFERRALS. |
| | COLLABORATED AND PROVIDED SURVIVORS WITH 809 SAFETY PLANS. SERENE |
| | HARBOR PROVIDES 24/7 CHAT AND TEXT ABILITY, HIPAA COMPLIANT VIDEO |
| | CONFERENCING, EMPLOYMENT PROGRAM, EDUCATION MENTORING AND SCHOLARSHIP |
| | PROGRAM, FINANCIAL EMPOWERMENT PROGRAM, AND HOUSING PROGRAM. |
| | |
| | |
| | |
| 4c | (Code:) (Expenses \$ 23, 122. including grants of \$) (Revenue \$) |
| | RELOCATION SERVICES WERE PROVIDED TO 109 INDIVIDUALS SO THEY WOULD |
| | SAFELY RELOCATE OR ESTABLISH THEMSELVES WHILE ACTIVELY FLEEING THEIR |
| | ABUSERS. THERE WERE 41 RING SECURITY PACKAGES/DOORBELLS PROVIDED TO |
| | SURVIVORS, 4 STORAGE UNITS, 24 FURNITURE/HOME ESSENTIALS PACKAGES, 21 |
| | BIRTH CERTIFICATES, 2 DRIVERS LICENSES, 12 TICKETS TO RELOCATE TO |
| | ANOTHER CITY/STATE, 21 LUGGAGE SETS, 6 UTILITIES, 2 CAR REPAIRS, AND 3 |
| | CAR INSURANCE PAYMENT ASSISTANCE FOR SURVIVORS. |
| | |
| | |
| | |
| | |
| | |
| | |
| 4d | Other program services (Describe on Schedule O.) |
| 4d | (Expenses \$ including grants of \$) (Revenue \$) |
| | (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 1,058,845. |
| | (Expenses \$ including grants of \$) (Revenue \$) |

| Form | 990 | (2023 |
|------|-----|-------|
| | 330 | 12020 |

 Form 990 (2023)
 SERENE HARBOR, INC.

 Part IV
 Checklist of Required Schedules

| | | | 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 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | <u> </u> |
| 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | v |
| _ | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | | v |
| • | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | x |
| ~ | 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? | | | x |
| 10 | If "Yes," complete Schedule D, Part IV | 9 | | |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 10 | | x |
| 44 | or in quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | | |
| ~ | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| а | Part VI | 11a | х | |
| h | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | - 11 | |
| D | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | x |
| c | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| Ŭ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | x |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | x |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| 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 | | X |
| 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 | | X |
| 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 | | X |
| 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 | | <u> </u> |
| 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 | X | <u> </u> |
| 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 | | X |
| | | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | <u> </u> |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | v |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | 000 | |
| 332003 | 3 12-21-23 | ⊢orm | 330 (| (2023) |

332003 12-21-23

3 2023.05070 SERENE HARBOR, INC.

| Form | 990 | (2023) |
|-------|-----|--------|
| FUIII | 330 | 120201 |

| | | | Vac | Na |
|--------|--|------------|-----|--------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | Yes | No |
| 22 | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | х | |
| 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 | | x |
| 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 | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| с | Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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 | | X |
| 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 | | X |
| 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? If "Yes," complete Schedule L, Part II | 26 | | X X |
| 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 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties? (See the 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> | 00- | | x |
| h | "Yes," complete Schedule L, Part IV | 28a 28b | | X |
| | A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> | 200 | | |
| U | "Yes," complete Schedule L, Part IV | 28c | | x |
| 29 | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M | 29 | х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 20 | | |
| | contributions? If "Yes," complete Schedule M | 30 | | x |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | x |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | x |
| 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? If "Yes," complete Schedule R, Part I | 33 | | x |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from 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 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | |
| Dor | Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Par | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b | | | |
| b | | | | |
| с | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | 4 - | х | |
| 00000 | (gambling) winnings to prize winners? | 1c | | (2023) |
| JJ2004 | 12-21-23 | 1 000 | | (2023) |

⁴ 2023.05070 SERENE HARBOR, INC. 72-05902

| | 990 (2023) SERENE HARBOR, INC. | | 59-3115 | 093 | P | age 5 | |
|---------|--|----------|-----------------------|----------|-----|--------------|--|
| Par | t V 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 Statements, | | | | 165 | NO | |
| | filed for the calendar year ending with or within the year covered by this return | 2a | 31 | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax retur | ns? | | 2b | Х | | |
| | | | | 3a | | Х | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule | 0 | | 3b | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other a | authori | ty over, a | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial a | accoun | t)? | 4a | | X | |
| b | If "Yes," enter the name of the foreign country | | | | | | |
| _ | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A | | . , | _ | | v | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | X X | |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa | | | 5b | | | |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | | |
| 6a | | | | 6a | | х | |
| h | any contributions that were not tax deductible as charitable contributions? | | | Ua | | | |
| | were not tax deductible? | | - | 6b | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set | vices p | rovided to the payor? | 7a | Х | | |
| | | | | 7b | Х | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | as requ | uired | | | | |
| | to file Form 8282? | | | 7c | | X | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c | ontrac | t? | 7e | | X | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr | act? | | 7f | | X | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | orm 88 | 99 as required? | 7g | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | | | 7h | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | l by the | Э | 8 | | | |
| | sponsoring organization have excess business holdings at any time during the year? | | | | | | |
| 9 | | | | | | | |
| a h | | | | 9a 9b | | | |
| ь 10 | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: | | | อม | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | |
| 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 of Form | 10411 | ? | 12a | | | |
| b | 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. | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | I | | | | |
| | organization is licensed to issue qualified health plans | 13b | | | | | |
| | Enter the amount of reserves on hand | 13c | 1 | 44- | | X | |
| 14a | | | | 14a | | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune | | | 14b | | | |
| 15 | excess parachute payment(s) during the year? | | | 15 | | х | |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | 15 | | | |
| 16 | | | | | | | |
| | If "Yes," complete Form 4720, Schedule O. | | ···· | 16 | | X | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac | tivities | | | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | | 17 | | | |
| | If "Yes," complete Form 6069. | | | | | | |
| 332005 | 12-21-23 | | | Form | 990 | (2023) | |
| | 5 | | | | | | |

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| Form | 990 | (2023) |
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 Form 990 (2023)
 SERENE HARBOR, INC.
 59-3115093
 Page

 Part VI
 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

| Check if | Scheo | dule C |) cor | ntains a respon | se or note to ar | y line in this Part VI | |
|----------|-------|--------|-------|-----------------|------------------|------------------------|--|
| | | | - | | - | | |

X

| Sec | tion A. Governing Body and Management | | | | | | |
|--------|---|------------|------------------------|-----------|----------|----------|--|
| | | | | | Yes | No | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1 a | 10 | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | 10 | | | | |
| b | 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 | | - | | | 37 | |
| _ | officer, director, trustee, or key employee? | | | 2 | | <u> </u> | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | | | | | 37 | |
| | | | | 3 | | X X | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 9 | | | 4 | | X | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's ass | | | 5 | | X | |
| 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 ap | | | -7 - | | v | |
| | more members of the governing body? | | | 7a | | <u> </u> | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, st | | | 71 | | х | |
| 0 | persons other than the governing body? | | | 7b | | Λ | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | - | - | 0- | x | | |
| a h | The governing body? | | | <u>8а</u> | A X | | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | <u>^</u> | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read | | | 9 | | х | |
| Sec | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | | ษ | | 21 | |
| | tion B. Policies (This Section B requests information about policies not required by the Internal Re | venue | Lođe.) | | Yes | No | |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | 10a | 162 | X | |
| | If "Yes," did the organization have written policies and procedures governing the activities of such ch | | | 104 | | | |
| U | | | , anniates, | 10b | | | |
| 112 | Has the organization provided a complete copy of this Form 990 to all members of its governing body | | | 11a | X | | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | , 20101 | | 110 | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12a | x | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | | 12b | x | | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "} | | | | - | | |
| - | on Schedule O how this was done | , | | 12c | x | | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | X | | |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | X | | |
| 15 | Did the process for determining compensation of the following persons include a review and approva | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | - | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | Х | | |
| | Other officers or key employees of the organization | | | 15b | | Х | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem | nent w | ith a | | | | |
| | taxable entity during the year? | | | 16a | | X | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate | te its p | articipation | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | izatior | ı's | | | | |
| | exempt status with respect to such arrangements? | | | 16b | | <u> </u> | |
| Sec | tion C. Disclosure | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed $\{FL}$ | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and | nd 990 | -T (section 501(c)(3)s | only) | availab | ble | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | | |
| | Own website Another's website X Upon request Other (explain on Schedule O) | | | | | | |
| 19 | | | | | | | |
| _ | statements available to the public during the tax year. | | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's boo | oks and | d records | | | | |
| | BEVERLY DEMEYER - 321-726-8282 | | | | | | |
| | P.O. BOX 100039, PALM BAY, FL 32910-0039 | | | | 000 | (0000) | |
| 332006 | د ۱2-21-23 ۲ | | | Form | 990 | (2023) | |
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2023.05070 SERENE HARBOR, INC.

| Form 990 (2023) | SERENE HARBOR, | INC. | 59-3 | 115093 | Page 7 | | | |
|--|--|--------------------|---|--------|--------|--|--|--|
| Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated | | | | | | | | |
| Employees, and Independent Contractors | | | | | | | | |
| Check if Sc | Check if Schedule O contains a response or note to any line in this Part VII | | | | | | | |
| Section A. Officers, E | Directors, Trustees, Key Employee | s, and Highest Com | pensated Employees | | | | | |
| • | • • | | n for the calendar year ending with or within the dividuals or organizations), regardless of amou | • | | | | |

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per | Average Position F | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of | | | |
|---|--|--------------------|------------------------|--|-----------------------------------|--------------------------------------|---|---|---|
| | (list any hours for related organizations below line) | stee or director | In stitutional trustee | Offlicer | Highest compensated employee | | from the organization (W-2/1099-MISC/ 1099-NEC) | from related organizations (W-2/1099-MISC/ 1099-NEC) | other compensation from the organization and related organizations |
| (1) BEVERLY DEMEYER | 40.00 | | | 77 | | | 112 069 | 0 | 0, 606 |
| PRESIDENT/CEO | 40.00 | | | X | | | 113,068. | 0. | 9,696. |
| (2) DAVE HAGER OPERATIONS FINANCE DIRECT | 40.00 | x | | x | | | 62,404. | 0. | 6,494. |
| (3) ANGELA BUNDESEN | 2.00 | | | | | | | | |
| TREASURER | | x | | x | | | 0. | 0. | 0. |
| (4) ELLEN HOFFMAN | 5.00 | | | | | | | | |
| CHAIR | | х | | х | | | 0. | 0. | 0. |
| (5) CATHY MARTIN | 2.00 | | | | | | | | |
| VICE CHAIR | | Х | | Х | | | 0. | 0. | 0. |
| (6) SERGEANT GREG SMITH | 1.00 | | | | | | | | |
| DIRECTOR | | Х | | | | | 0. | 0. | 0. |
| (7) DANA TOLLEY | 2.00 | | | | | | | | |
| SECRETARY | | Х | | Х | | | 0. | 0. | 0. |
| | | | | | | | | | |
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| 332007 12-21-23 | 1 | | | l | l | | | | Form 990 (2023) |

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332007 12-21-23

59-3115093

| | orm 990 (2023) SERENE HARBOR, INC. 59-3115093 Page 8 | | | | | | | | | | |
|---|--|--|--------|------------------|--------|---|---|--|---|--|---|
| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | | |
| | (A) Name and title | (B) Average hours per week | box | not c , unles | ss per | ition more rson i | than c s both pr/trust | an | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
| | | (list any hours for related organizations below line) line) hours below line) hours hours below line) hours | | | Former | the organization (W-2/1099-MISC/ 1099-NEC) | organizations (W-2/1099-MISC/ 1099-NEC) | compensation from the organization and related organizations | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 1b | Subtotal | | | | | | | | 175,472. | 0 . | 16,190. |
| | Total from continuation sheets to Part VII Total (add lines 1b and 1c) | I, Section A | | | | | | | 0. 175,472. | 0 | 0. |
| 2 | Total number of individuals (including but no compensation from the organization | ot limited to the | ose | liste | d ab | ove |) wh | o re | eceived more than \$100, | 000 of reportable | 1 |
| 3 | Did the organization list any former officer, | - | | • | • | - | | Ŭ | • • | • | Yes No |
| 4 | line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the su and related organizations greater than \$150 | m of reportable | e co | mpe | ensa | tion | and | oth | er compensation from t | he organization | 4 X |
| 5 | Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com | iccrue compen | sati | on fr | om | any | unre | late | ed organization or individ | dual for services | 5 X |
| Sec 1 | tion B. Independent Contractors Complete this table for your five highest con | | • | | | | | | | , , | ation from |
| | the organization. Report compensation for t (A) Name and business | | | ondir | | <u>ith c</u> | or wi | | the organization's tax y (B) Description of s | | (C) Compensation |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 2 | Total number of independent contractors (ir | • | ot lin | nitec | d to 1 | | | ted | above) who received mo | ore than | |
| | \$100,000 of compensation from the organiz | zation | | | | (| J | | | | Form 990 (2023) |

332008 12-21-23

| | | | 2023) SERENE HARBOR | R, INC. | | | 59-3115 | 093 Page 9 |
|---|--------|----------|---|----------------------|-----------------------------|--|--------------------------------------|---|
| Pa | rt V | /111 | Statement of Revenue | | | | | |
| | | | Check if Schedule O contains a response | or note to any lin | | | | |
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| 6 0 | - | 2 | Federated campaigns 1a | 54,056. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | | Membership dues | 51,050. | | | | |
| ۳. B | | | Fundraising events | 96,705. | | | | |
| r A | | | Related organizations 1d | | | | | |
| in Gi | | | Government grants (contributions) 1e | 926,112. | | | | |
| Sir | | | All other contributions, gifts, grants, and | | | | | |
| her | | - | similar amounts not included above 1f | 99,589. | | | | |
| ŪĘ. | | a | Noncash contributions included in lines 1a-1f | 17,087. | | | | |
| Cor | | - | Total. Add lines 1a-1f | | 1,176,462. | | | |
| | | | | Business Code | | | | |
| Ð | 2 | а | | | | | | |
| , vic | | b | | | | | | |
| Sei | | с | | | | | | |
| am | | d | | | | | | |
| Program Service Revenue | | е | | | | | | |
| д | | f | All other program service revenue | | | | | |
| | | g | Total. Add lines 2a-2f | | | | | |
| | 3 | | Investment income (including dividends, intere | est, and | 4 - 00 - | | | 4 - 00 - |
| | | | other similar amounts) | | 17,005. | | | 17,005. |
| | 4 | | Income from investment of tax-exempt bond p | | | | | |
| | 5 | | Royalties | | | | | |
| | | | | (ii) Personal | | | | |
| | | | Gross rents 6a | | | | | |
| | | | Less: rental expenses 6b | | | | | |
| | | | Rental income or (loss) 6c | | | | | |
| | | | Net rental income or (loss) Gross amount from sales of (i) Securities | (ii) Other | | | | |
| | ľ | a | assets other than inventory 7a | | | | | |
| | | h | Less: cost or other basis | | | | | |
| e | | ~ | and sales expenses | | | | | |
| venue | | с | Gain or (loss) 7c | | | | | |
| | | | Net gain or (loss) | - | | | | |
| Other Re | | | Gross income from fundraising events (not | | | | | |
| QŦ | | | including \$ 96,705. of | | | | | |
| | | | contributions reported on line 1c). See | | | | | |
| | | | | 59,773. | | | | |
| | | b | Less: direct expenses | 33,362. | | | | |
| | | | Net income or (loss) from fundraising events | | 26,411. | | | 26,411. |
| | 9 | а | Gross income from gaming activities. See | | | | | |
| | | | Part IV, line 19 9a | | | | | |
| | | | Less: direct expenses 9b | | | | | |
| | | | Net income or (loss) from gaming activities | <u></u> | | | | |
| | 10 | а | Gross sales of inventory, less returns | | | | | |
| | | L | and allowances 10a Less: cost of goods sold 10 | | | | | |
| | | | . | | | | | |
| | | U | Net income or (loss) from sales of inventory | Business Code | | | | |
| sni | 11 | а | MISCELLANEOUS | 900099 | 4,865. | | | 4,865. |
| neo | | b | | | _, | | | , |
| Miscellaneous Revenue | | č | | | | | | |
| lis S | 1 | | All other revenue | | | | | |
| Σ | | | Total. Add lines 11a-11d | | 4,865. | | | |
| | 12 | | Total revenue. See instructions | | 1,224,743. | 0. | 0. | 48,281. |
| 33200 | 9 12-: | 21- | 23 | | | | | Form 990 (2023) |

11190408 794202 72-05908.000

9 2023.05070 SERENE HARBOR, INC. 72-05902

SERENE HARBOR INC. Part IX Statement of Functional Expenses

| | ion 501(c)(3) and 501(c)(4) organizations must comp | | r organizations must con | nplete column (A) | |
|------|--|-----------------------|------------------------------------|--|---------------------------------------|
| 0000 | Check if Schedule O contains a response | | | | |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | 125,570. | 125,570. | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | 100.007 | c | 40.010 | 1.5 540 |
| | trustees, and key employees | 123,927. | 64,474. | 42,813. | 16,640 |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 604 550 | | | 45 044 |
| 7 | Other salaries and wages | 601,772. | 572,211. | 14,215. | 15,346. |
| 8 | Pension plan accruals and contributions (include | 4 4 5 5 5 | 4 9 6 5 | | o / = |
| | section 401(k) and 403(b) employer contributions) | 1,977. | 1,365. | 365. | 247 |
| 9 | Other employee benefits | 73,048. | 66,332. | 4,039. | 2,677 |
| 10 | Payroll taxes | 54,357. | 48,188. | 3,675. | 2,494 |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | | | - | |
| b | Legal | 70. | 64. | 3. | 3 |
| С | Accounting | 14,681. | 13,540. | 619. | 522 |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A), amount, list line 11g expenses on Sch 0.) | 4,872. | 4,494. | 205. | 173. |
| 12 | Advertising and promotion | 7,020. | 6,816. | | 204. |
| 13 | Office expenses | 15,708. | 9,792. | 5,328. | 588. |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 38,943. | 37,747. | 713. | 483 |
| 17 | Travel | 18,363. | 16,824. | 1,177. | 362. |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | 1,583. | 1,410. | 173. | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 54,908. | 54,646. | 262. | |
| 23 | Insurance | 19,290. | 14,925. | 256. | 4,109 |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) | | | | |
| а | SUPPLIES AND FOOD | 11,126. | 11,006. | 120. | |
| b | TELEPHONE | 6,744. | 6,157. | 323. | 264 |
| c | DUES AND SUBSCRIPTIONS | 3,512. | 3,232. | 150. | 130 |
| d | MISCELLANEOUS | 1,483. | 52. | 1,258. | 173 |
| | All other expenses | 95. | | 76. | 19 |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,179,049. | 1,058,845. | 75,770. | 44,434 |
| 26 | Joint costs. Complete this line only if the organization | | | | • |
| | reported in column (B) joint costs from a combined | | | | |
| | advectional compaign and fundraising collisitation | | | | |

332010 12-21-23

Check here

11190408 794202 72-05908.000

educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

10 2023.05070 SERENE HARBOR, INC.

11190408 794202 72-05908.000

SERENE HARBOR, INC.

59-3115093 Page 11

| Iu | πΧ | Balance Sneet | | | | | |
|-----------------------------|-----|--|------------|---------------------|---------------------------------|---------|---------------------------------|
| | | Check if Schedule O contains a response or note | e to any | line in this Part X | | <u></u> | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 74,673. | 1 | 58,681. |
| | 2 | Savings and temporary cash investments | | | 364,944. | 2 | 542,143. |
| | 3 | Pledges and grants receivable, net | | | 349,284. | 3 | 262,651. |
| | 4 | Accounts receivable, net | | | 11,594. | 4 | 0. |
| | 5 | Loans and other receivables from any current or | | | | | |
| | | trustee, key employee, creator or founder, subst | antial co | ontributor, or 35% | | | |
| | | controlled entity or family member of any of thes | e perso | ns | | 5 | |
| | 6 | Loans and other receivables from other disqualif | | | | | |
| | | under section 4958(f)(1)), and persons described | in secti | on 4958(c)(3)(B) | | 6 | |
| ŝ | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| Å | 9 | Prepaid expenses and deferred charges | | | 16,862. | 9 | 17,223. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 1,870,740. | | | |
| | b | Less: accumulated depreciation | 10b | 710,419. | 1,173,929. | 10c | 1,160,321. |
| | 11 | Investments - publicly traded securities | | | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 1 | 1 | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 1 | I1 | | | 13 | |
| | 14 | Intangible assets | | 14 | | | |
| | 15 | Other assets. See Part IV, line 11 | | | 16,242. | 15 | 20,623. |
| | 16 | Total assets. Add lines 1 through 15 (must equa | al line 33 | 3) | 2,007,528. | 16 | 2,061,642. |
| | 17 | Accounts payable and accrued expenses | 44,542. | 17 | 56,674. | | |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | | | 8,250. | 19 | 10,000. |
| | 20 | Tax-exempt bond liabilities | | L | | 20 | |
| | 21 | Escrow or custodial account liability. Complete F | Part IV o | f Schedule D | | 21 | |
| Se | 22 | Loans and other payables to any current or form | er office | er, director, | | | |
| ilitie | | trustee, key employee, creator or founder, subst | antial co | ontributor, or 35% | | | |
| Liabilities | | controlled entity or family member of any of thes | e perso | ns | | 22 | |
| _ | 23 | Secured mortgages and notes payable to unrela | | | 26,294. | 23 | 16,936. |
| | 24 | Unsecured notes and loans payable to unrelated | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, pay | | | | | |
| | | parties, and other liabilities not included on lines | 17-24). | Complete Part X | 0 | | 2 000 |
| | | of Schedule D | | ······ - | 0. | | 3,896. |
| | 26 | | | | 79,086. | 26 | 87,506. |
| S | | Organizations that follow FASB ASC 958, che | ck here | X | | | |
| Ce | | and complete lines 27, 28, 32, and 33. | | | 1 621 070 | | 1 612 262 |
| alar | 27 | | | ······ - | 1,631,878. | 27 | <u>1,613,263.</u> 360,873. |
| ä | 28 | | | F | 296,564. | 28 | 300,873. |
| ň | | Organizations that do not follow FASB ASC 9 | 58, chec | ck here | | | |
| г Ц | | and complete lines 29 through 33. | | | | | |
| ŝts | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| SSe | 30 | Paid-in or capital surplus, or land, building, or eq | | | | 30 | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated inc | | | 1,928,442. | 31 | 1 07/ 126 |
| ž | 32 | Total net assets or fund balances | | | 2,007,528. | 32 | <u>1,974,136.</u> 2,061,642. |
| | 33 | Total liabilities and net assets/fund balances | | | 4,007,520. | 33 | Eorm 990 (2023) |

Form 990 (2023)

72-05902

| | 1990 (2023) SERENE HARBOR, INC. | 59-31 | 15093 | Pag | _{ge} 12 |
|----|--|----------|------------|------|------------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,224 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,179 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 94. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 1,928 | 3,44 | 42. |
| 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 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 1,974 | 1,1 | 36. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | 0. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2 a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2 b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | e basis, | | | |
| | consolidated basis, or both: | | | | |
| | X 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 oversight of the | , | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | X |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | edule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | 3 a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | | |
| | | | | | |

Form **990** (2023)

332012 12-21-23

Department of the Treasury Internal Revenue Service

(Form 990)

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.

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

| OMB No. 1545-0047 |
|-------------------|
| 2023 |
| Open to Public |

Name of the organization

| Nam | Name of the organization Employer identification number | | | | | | | | | | |
|-------|---|--|----------------------------|------------------------------|--------------------|------------------|-----------------|----------------|----------------------------|--|--|
| | | | NE HARBOR, | | | | | | 9-3115093 | | |
| Par | tl | Reason for Public (| Charity Status. | (All organizations must c | omplete th | nis part.) S | ee instruction | S. | | | |
| The c | organ | ization is not a private found | ation because it is: (F | For lines 1 through 12, c | heck only | one box.) | | | | | |
| 1 | | A church, convention of chu | urches, or associatio | n of churches described | l in sectio | on 170(b)(1 | l)(A)(i). | | | | |
| 2 | | A school described in section | ion 170(b)(1)(A)(ii). (| Attach Schedule E (Forn | n 990).) | | | | | | |
| 3 | | A hospital or a cooperative | | | | | • | | | | |
| 4 | | A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, | | | | | | | | | |
| ſ | | city, and state: | | | | | | | | | |
| 5 | | An organization operated for | | lege or university owned | l or operat | ed by a go | vernmental u | nit describe | ed in | | |
| ſ | | section 170(b)(1)(A)(iv). (Complete Part II.) | | | | | | | | | |
| 6 | | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). | | | | | | | | | |
| 7 | Х | An organization that norma | - | ntial part of its support fr | rom a gove | ernmental | unit or from th | ne general p | public described in | | |
| - [| | section 170(b)(1)(A)(vi). (C | | | | | | | | | |
| 8 | | A community trust describe | | | - | | | | | | |
| 9 | | An agricultural research org | | | | - | | - | - | | |
| | | or university or a non-land-g | grant college of agric | ulture (see instructions). | Enter the | name, city | , and state of | the college | or | | |
| 10 | | university: An organization that norma | | than 22 1/20/ of its arrest | ort from - | ontribution | o mombare | in food and | d aross respire from | | |
| | | activities related to its exem | | | | | | | | | |
| | | income and unrelated busir | | | | | | | - | | |
| | | See section 509(a)(2). (Cor | | | | ses acqui | | jai lization a | inter oune oo, 1970. | | |
| 11 | | An organization organized a | • • | vely to test for public sa | fetv See | section 50 |)9(a)(4) | | | | |
| 12 | | An organization organized a | - | • | • | | | rrv out the | purposes of one or | | |
| | | more publicly supported or | • | • | • | | - | • | • • | | |
| | | lines 12a through 12d that | - | | | | | | | | |
| а | | Type I. A supporting orga | • • | | | - | | - | giving | | |
| | | the supported organization | | - | • • • • | - | | | | | |
| | | organization. You must c | | | | | | | | | |
| b | | Type II. A supporting org | anization supervised | or controlled in connect | tion with it | s supporte | d organizatio | n(s), by hav | ving | | |
| | | control or management o | f the supporting orga | anization vested in the sa | ame perso | ns that co | ntrol or manag | ge the supp | ported | | |
| | | organization(s). You mus | t complete Part IV, | Sections A and C. | | | | | | | |
| с | | Type III functionally inte | grated. A supporting | g organization operated | in connect | tion with, a | and functional | ly integrate | d with, | | |
| | | its supported organization | n(s) (see instructions) |). You must complete I | Part IV, Se | ections A, | D, and E. | | | | |
| d | | Type III non-functionally | integrated. A supp | orting organization oper | ated in co | nnection w | ith its suppor | ted organiz | zation(s) | | |
| | | that is not functionally int | egrated. The organiz | ation generally must sat | isfy a distr | ibution rec | uirement and | an attentiv | /eness | | |
| | | _ requirement (see instructi | ions). You must con | nplete Part IV, Sections | A and D, | and Part | V . | | | | |
| е | | Check this box if the orga | anization received a v | written determination fro | m the IRS | that it is a | Туре I, Туре | II, Type III | | | |
| | | functionally integrated, or | <i>y</i> 1 | nally integrated supportion | ng organiz | ation. | | | | | |
| f | | er the number of supported c | • | | | | | | | | |
| g | | vide the following information i) Name of supported | ii) EIN | d organization(s). | (iv) Is the org | anization listed | (v) Amount of | fmonetary | (vi) Amount of other | | |
| | `` | organization | () = | (described on lines 1-10 | | ing document? | support (see ir | , | support (see instructions) | | |
| | | | | above (see instructions)) | Yes | No | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Total | | | | | | | | | | | |

SERENE HARBOR, INC.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | Section A. Public Support | | | | | | | | |
|--------------|--|-----------------------|-----------------------|----------------------------------|--------------------|--------------------|------------------|--|--|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total | | |
| 1 | Gifts, grants, contributions, and | | | | | | | | |
| | membership fees received. (Do not | | | | | | | | |
| | include any "unusual grants.") | 816,656. | 944,075. | 1316541. | 1455785. | 1176462. | 5709519. | | |
| 2 | Tax revenues levied for the organ- | | | | | | | | |
| | ization'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 | 016 656 | | 1010541 | | 1176460 | | | |
| | Total. Add lines 1 through 3 | 816,656. | 944,075. | 1316541. | 1455785. | 1176462. | 5709519. | | |
| 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) | | | | | | 121 0/1 | | |
| • | | | | | | | 131,841. | | |
| | Public support. Subtract line 5 from line 4. | | | | | | 5577070. | | |
| | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total | | |
| | Amounts from line 4 | 816,656. | 944,075. | 1316541. | 1455785. | 1176462. | 5709519. | | |
| 8 | Gross income from interest, | | , | | | | | | |
| Ū | dividends, payments received on | | | | | | | | |
| | securities loans, rents, royalties, | | | | | | | | |
| | and income from similar sources | 1,292. | 3,307. | -2,599. | 4,784. | 17,005. | 23,789. | | |
| 9 | Net income from unrelated business | | | | , - | , | | | |
| - | activities, whether or not the | | | | | | | | |
| | business is regularly carried on | | | | | | | | |
| 10 | Other income. Do not include gain | | | | | | | | |
| | or loss from the sale of capital | | | | | | | | |
| | assets (Explain in Part VI.) | 403. | 660. | 997. | 1,852. | 4,865. | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 5742085. | | |
| 12 | Gross receipts from related activities, | etc. (see instructio | ons) | | | 12 | 233,085. | | |
| 13 | First 5 years. If the Form 990 is for th | ne organization's fir | rst, second, third, 1 | fourth, or fifth tax y | ear as a section 5 | 01(c)(3) | | | |
| | organization, check this box and stop | | | | | | | | |
| Sec | ction C. Computation of Publi | c Support Per | centage | | | | | | |
| | Public support percentage for 2023 (I | | | | | 14 | 97.14 % | | |
| | Public support percentage from 2022 | | | | | 15 | 95.32 % | | |
| 1 6a | 33 1/3% support test - 2023. If the o | organization did no | t check the box or | n line 13, and line ⁻ | 14 is 33 1/3% or m | ore, check this bo | | | |
| | stop here. The organization qualifies | | - | | | | | | |
| b | 33 1/3% support test - 2022. If the | | | | line 15 is 33 1/3% | or more, check thi | s box | | |
| . - - | and stop here. The organization qual | | ••• | | | | | | |
| 17a | 10% -facts-and-circumstances test | | | | | | | | |
| | and if the organization meets the fact | | | - | - | VI how the organiz | ation | | |
| | meets the facts-and-circumstances te | - | | • • • • | - | | | | |
| b | 10% -facts-and-circumstances test | - | | | | | 10% Or | | |
| | more, and if the organization meets the | | | | | | | | |
| 10 | organization meets the facts-and-circle | | • | | • • | | | | |
| 18 | Private foundation. If the organization | T UIU HOL CHECK a | | a, 100, 178, 01 170 | , oneok this box a | | Form 990) 2023 | | |
| | | | | | | Conequie A | 1 5111 550/ 2025 | | |

332022 12-21-23

| Schedule A | Form | 990) | 202 |
|------------|------|------|------|
| | | 000 | 2020 |

SERENE HARBOR, INC.

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec | tion A. Public Support | | , | | | | |
|-------|---|-----------------------------|----------------------------|----------------------|----------------------|---------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | L | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| | merchandise sold or services per- formed, or facilities furnished in | | | | | | |
| | any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | ļ | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| _ | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, and | | | | | | |
| 1 d | 3 received from disgualified 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 | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | tion B. Total Support | | | | L | • | L |
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| | Gross income from interest, | | | | | | |
| | dividends, payments received on securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included on line 10b, | | | | | | |
| | whether or not the business is | | | | | | |
| | regularly carried on | ļ | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | <u> </u> | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | L | | | | | |
| 14 | First 5 years. If the Form 990 is for the | - | | | - | | |
| Sec | check this box and stop here | c Support Per | centage | | | | |
| | Public support percentage for 2023 (I | | | column (f)) | | 15 | % |
| 16 | Public support percentage from 2022 | | | | | 16 | <u>%</u> |
| | ction D. Computation of Invest | | | | | | |
| 17 | Investment income percentage for 20 |)23 (line 10c, colur | mn (f), divided by li | ne 13, column (f)) | | 17 | % |
| 18 | Investment income percentage from | | | | | 18 | % |
| 19a | 33 1/3% support tests - 2023. If the | | | | | 3 1/3%, and line 1 | 7 is not |
| | more than 33 1/3%, check this box ar | | | | | | |
| b | 33 1/3% support tests - 2022. If the | organization did r | not check a box on | line 14 or line 19a | a, and line 16 is mo | ore than 33 1/3%, a | nd |
| | line 18 is not more than 33 1/3%, che | ck this box and st | t op here. The orga | nization qualifies a | as a publicly suppo | orted organization | |
| 20 | Private foundation. If the organization | n did not check a | box on line 14, 19 | a, or 19b, check th | nis box and see ins | | |
| 33202 | 3 12-21-23 | | | | | Schedule A | (Form 990) 2023 |
| | | | 15 | | | | |

^{2023.05070} SERENE HARBOR, INC.

SERENE HARBOR, INC.

1

Yes No

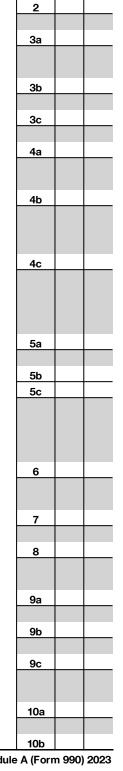
Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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?
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 disgualified person (as defined on 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 line 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.)

332024 12-21-23



Schedule A (Form 990) 2023

16

| Schedule A | (Form 990 | 2023 | SERENE | HARBOR |
|------------|-----------|----------|------------------|---------|
| Part IV | Suppor | ting Org | ganizations (con | tinued) |

| | | , | V | NI - |
|-----|---|-----|-----|------|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| с | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, 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 "Ves," explain in | | | |

INC.

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or managed

 1
 1

| Section D. | . All Type III | Supporting | Organizations |
|------------|----------------|------------|---------------|

| | | | Yes | No |
|---|--|---|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | 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? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

| 1 | Check the box next to the method that the organizat | tion used to satisfy the Int | tegral Part Test during the v | ear (see instructions). |
|---|---|------------------------------|-------------------------------|-------------------------|
| • | Check the box hext to the method that the organizat | | legial Fait Test during the y | |

- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

| с | | The organization supported a governmental entity. | Describe in Part VI how | you supported a d | overnmental entity | (see instructions) | |
|---|--|---|-------------------------|-------------------|--------------------|--------------------|--|
|---|--|---|-------------------------|-------------------|--------------------|--------------------|--|

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a 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? *If* "Yes" or "*No*" *provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

2b ______ 3a _____ 3b _____

2a

Yes No

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17 2023.05070 SERENE HARBOR, INC.

Schedule A (Form 990) 2023

| Part V Type III Non-Functionally Integrated 509(a)(3) Support | ing Organi | zations | |
|--|-----------------|------------------------------------|--------------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualify | ring trust on N | lov. 20, 1970(<i>explain in</i> l | Part VI). See instructions. |
| All other Type III non-functionally integrated supporting organizations mu | ist complete S | Sections A through E. | |
| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or | | | |
| collection of gross income or for management, conservation, or | | | |
| maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 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 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 0.015 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 0.035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 Enter 0.85 of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 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-function | ally integrated | d Type III supporting orga | nization (see |

Schedule A (Form 990) 2023

SERENE HARBOR, INC.

59-3115093 Page 6

332026 12-21-23

instructions).

Schedule A (Form 990) 2023

| SERENE | HARBOR, | INC. |
|-------------------|--------------|----------------|
| unctionally Integ | rated 509(a) | (3) Supporting |
| | | |

Schedule A (Form 990) 2023

| Par | t V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | nizations (continu | ued) | |
|---------|---|-------------------------------|-------------------------------|------|----------------------------------|
| Section | on D - Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | empt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemp | ot purposes of supported | | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | 6 | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pr | ovide details in Part VI) | | 5 | |
| | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | he organization is responsive | | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2023 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| | * | (i) | (ii) | | (iii) |
| Section | on E - Distribution Allocations (see instructions) | Excess Distributions | Underdistribution Pre-2023 | าร | Distributable Amount for 2023 |
| _1 | Distributable amount for 2023 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2023 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2023 | | | | |
| a | From 2018 | | | | |
| b | From 2019 | | | | |
| c | From 2020 | | | | |
| d | From 2021 | | | | |
| е | From 2022 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2023 distributable amount | | | | |
| i | Carryover from 2018 not applied (see instructions) | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2023 from Section D, | | | | |
| | line 7: \$ | | | | |
| а | Applied to underdistributions of prior years | | | | |
| b | Applied to 2023 distributable amount | | | | |
| с | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2024. Add lines 3j | | | | |
| | and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| | Excess from 2019 | | | | |
| | Excess from 2020 | | | | |
| | Excess from 2021 | | | | |
| | Excess from 2022 | | | | |
| | Excess from 2023 | | | | |
| | | | | | |

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Schedule A (Form 990) 2023

| Schedule A | (Form 990) 2023 SEI | RENE HARBOR | , INC. | | 59-3115093 _{Page} |
|---------------|---|--|--|---|---|
| Part VI | Supplemental Informatic Part IV, Section A, lines 1, 2, 3b, line 1; Part IV, Section D, lines 2 Section D, lines 5, 6, and 8; and (See instructions.) | , 3c, 4b, 4c, 5a, 6, 9a, and 3; Part IV, Sectic | 9b, 9c, 11a, 11b, a on E, lines 1c, 2a, 2 | and 11c; Part IV, Section B, Ii b, 3a, and 3b; Part V, line 1; I | nes 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V, |
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| 32028 12-21-2 | 3 | | 20 | | Schedule A (Form 990) 202 |

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2023

** Do Not File ** *** Not Open to Public Inspection ***

| Contributor's Name | Total Contributions | Excess Contributions |
|--------------------|------------------------|-------------------------|
| JD HPB FOUNDATION | 246,683. | 131,841 |
| | | |
| | | |
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| | | |
| | | |
| | | 131,841 |

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

59-3115093

| SERENE | HARBOR |
|--------|--------|

Schedule B

Department of the Treasury

Internal Revenue Service Name of the organization

(Form 990)

| Organization type (check of | |
|-----------------------------|--|
| Filers of: | Section: |
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | 527 political organization |
| Form 990-PF | 501(c)(3) exempt private foundation |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | 501(c)(3) taxable private foundation |

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

INC.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of the set of the parts unless to the set of the

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

| Schedule | В | (Form | 990) | (2023) |
|----------|---|-------|------|--------|
|----------|---|-------|------|--------|

Name of organization

Employer identification number

SERENE HARBOR, INC.

59-3115093 Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person Payroll 54,056. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution 2 X Person Payroll 375,682. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 510,692. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution

| (a) | (b) | (c) | (d) |
|-------------|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| 323452 12-2 | 6-23 | | Schedule B (Form 990) (20 |

Schedule B (Form 990) (2023)

72-05902

Person Payroll Noncash

(Complete Part II for noncash contributions.)

Page 2

23 2023.05070 SERENE HARBOR, INC.

\$

| Schedule | В | (Form | 990) | (2023) |
|----------|---|-------|------|--------|
|----------|---|-------|------|--------|

Name of organization

Page 3

Employer identification number

59-3115093

SERENE HARBOR, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|----------------------|
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| [| | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |

2023.05070 SERENE HARBOR, INC.

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| Name of o | rganization | | Employer identification number |
|---------------------------|---|---|---|
| SERENI | E HARBOR, INC. | | 59-3115093 |
| Part III | Exclusively religious, charitable, etc., contributi | ons to organizations described in sect | ion 501(c)(7), (8), or (10) that total more than \$1,000 for the year |
| | from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, | charitable, etc., contributions of \$1,000 or les | For organizations s for the year. (Enter this info. once.) |
| (a) No. | Use duplicate copies of Part III if additional | space is needed. | |
| from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | | | |
| | | | |
| - | | (e) Transfer of gift | |
| | | | |
| - | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee |
| | | | |
| | | | |
| (a) No. | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | | | |
| | | | |
| - | | (e) Transfer of gift | |
| | | | |
| - | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee |
| | | | |
| | | [| |
| (a) No. | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | | | |
| | | | |
| ľ | | (e) Transfer of gift | L |
| | | | |
| - | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee |
| | | | |
| | | [| |
| (a) No. | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | | | |
| | | | |
| | | (e) Transfer of gift | • |
| | | | |
| ŀ | Transferee's name, address, a | na ∠IP + 4 | Relationship of transferor to transferee |
| | | | |
| | | | |
| 202454 10 22 | | | |
| 323454 12-26 | 5-20 | 25 | Schedule B (Form 990) (2023 |

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2023.05070 SERENE HARBOR, INC. 72-05902

| SC | HEDULE D | Supplementa | al Financial Statements | | OMB No. 1545-0047 |
|--------|---|---|---|-----------------|---|
| | n 990) | | nization answered "Yes" on Form 990, | | 2023 |
| | | | , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. .ttach to Form 990. | | Open to Public |
| | ment of the Treasury I Revenue Service | | 0 for instructions and the latest information. | | Inspection |
| Nam | e of the organizati | on SERENE HARBOR, INC | • | Emp | bloyer identification number 59-3115093 |
| Par | t I Organiza | ations Maintaining Donor Advise | d Funds or Other Similar Funds or Ac | cour | Its. Complete if the |
| | organizatio | n answered "Yes" on Form 990, Part IV, lin | | | |
| | | | (a) Donor advised funds | (b) Fun | ds and other accounts |
| 1 | | nd of year | | | |
| 2 | Aggregate value o | f contributions to (during year) | | | |
| 3 | | f grants from (during year) | | | |
| 4 | | t end of year | | | |
| 5 | - | | writing that the assets held in donor advised fund | | |
| | | | exclusive legal control? | | Yes No |
| 6 | • | c | dvisors in writing that grant funds can be used o | - | |
| | | | r donor advisor, or for any other purpose conferr | 0 | |
| Par | impermissible priv | ate benefit? | | | Yes No |
| | | | ganization answered "Yes" on Form 990, Part IV | line /. | |
| 1 | | servation easements held by the organization | | | |
| | | of land for public use (for example, recrea | , <u> </u> | - | • |
| | | f natural habitat | Preservation of a cert | tied his | storic structure |
| • | | of open space | | | |
| 2 | day of the tax year | | ied conservation contribution in the form of a co | nserva | Held at the End of the Tax Year |
| _ | | | | 0- | |
| a h | | | | 2a 2b | |
| b | - | | utura included on line 2a | 2b 2c | |
| с С | | vation easements on a certified historic stru | | 20 | |
| d | | vation easements included on line 2c acqu | ired after July 25, 2006, and not | 2d | |
| 3 | | | eased, extinguished, or terminated by the organi | | during the tax |
| U | vear | | cased, extinguished, or terminated by the organ | 241011 | during the tax |
| 4 | | where property subject to conservation eas | sement is located | | |
| 5 | | tion have a written policy regarding the per | | | |
| | | orcement of the conservation easements it | | | Yes No |
| 6 | Staff and voluntee | r hours devoted to monitoring, inspecting, | handling of violations, and enforcing conservation | | |
| | | | | | • • |
| 7 | Amount of expens | es incurred in monitoring, inspecting, hand | lling of violations, and enforcing conservation ea | sement | ts during the year |
| | | | | | |
| 8 | Does each conser | vation easement reported on line 2d above | satisfy the requirements of section 170(h)(4)(B)(i |) | |
| | and section 170(h) | (4)(B)(ii)? | | | Yes No |
| 9 | In Part XIII, describ | be how the organization reports conservation | on easements in its revenue and expense statem | ent an | d |
| | balance sheet, and | d include, if applicable, the text of the footn | note to the organization's financial statements the | at desc | ribes the |
| | | ounting for conservation easements. | | | |
| Par | | - | Art, Historical Treasures, or Other S | imila | r Assets. |
| | Complete it | the organization answered "Yes" on Form | 990, Part IV, line 8. | | |
| 1a | If the organization | elected, as permitted under FASB ASC 95 | 8, not to report in its revenue statement and bala | ance sł | neet works |
| | of art, historical tre | easures, or other similar assets held for pub | olic exhibition, education, or research in furtherar | nce of p | oublic |
| | service, provide in | Part XIII the text of the footnote to its finar | ncial statements that describes these items. | | |
| b | - | | 8, to report in its revenue statement and balance | | |
| | | · · | exhibition, education, or research in furtherance | e of put | olic service, |
| | - | ng amounts relating to these items. | | | |
| | | | | | \$ |
| | | | | | \$ |
| 2 | | | asures, or other similar assets for financial gain, | orovide |) |
| | • | unts required to be reported under FASB A | v | | |
| | | | | | \$ |
| | | | | | \$ |
| | - | eduction Act Notice, see the Instructions | s for Form 990. | | Schedule D (Form 990) 2023 |
| 332051 | 09-28-23 | | | | |

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| 2023.05070 | SERENE | HARBOR, | INC. | 72-05902 |

| | | HARBOR, INC | | | | | 59-31 | 15093 | 3 Ра | age 2 |
|--------|---|--|---------------------------------|-------------------------------|------------|--------------|-------------|----------|---------|--------------|
| Par | t III Organizations Maintaining C | ollections of Ar | t, Historical | Treasures, o | r Othe | r Similaı | r Assets | contin | ued) | |
| 3 | Using the organization's acquisition, accessi | on, and other record | s, check any of | the following tha | t make s | ignificant ι | use of its | | | |
| | collection items (check all that apply). | | | | | | | | | |
| а | Public exhibition | d | | r exchange progra | | | | | | |
| b | Scholarly research | е | e 🗌 Other_ | | | | | | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explair | n how they furth | er the organization | on's exer | npt purpo | se in Part | XIII. | | |
| 5 | During the year, did the organization solicit of | or receive donations of | of art, historical | treasures, or othe | er similar | assets | | _ | | - |
| | to be sold to raise funds rather than to be ma | | | | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arran | | te if the organiz | ation answered " | Yes" on | Form 990, | Part IV, li | ne 9, or | | |
| | reported an amount on Form 990, Pa | rt X, line 21. | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | | | | | | _ | _ | | - |
| | on Form 990, Part X? | | | | | | L | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fol | lowing table: | | | | | | | |
| | | | | | | | | Amount | | |
| | Beginning balance | | | | | | | | | |
| | Additions during the year | | | | | | | | | |
| | Distributions during the year | | | | | | | | | |
| | Ending balance | | | | | | | 7 | | 1 |
| | Did the organization include an amount on F | | | | | ity? | L | Yes | | No |
| Par | If "Yes," explain the arrangement in Part XIII. t V Endowment Funds Complete if | | | | | <u> </u> | | | | <u>]</u> |
| 1 41 | | (a) Current year | (b) Prior yea | | | (d) Three y | ears hack | (e) Four | vears | hack |
| 10 | Paginning of year balance | (a) Guirent year | | | IS DUCK | | | | yours | Juon |
| | Beginning of year balance | | | | | | | | | |
| b | Contributions | | | | | | | | | |
| с d | Net investment earnings, gains, and losses Grants or scholarships | | | | | | | | | |
| | Other expenditures for facilities | | | | | | | | | |
| e | - | | | | | | | | | |
| f | and programsAdministrative expenses | | | | | | | | | |
| | End of year balance | | | | | | | | | |
| g 2 | Provide the estimated percentage of the curr | | l a (line 1 a colum | n (a)) held as: | | | | | | |
| | Board designated or quasi-endowment | | % | | | | | | | |
| h | Permanent endowment | % | | | | | | | | |
| c | | % | | | | | | | | |
| • | The percentages on lines 2a, 2b, and 2c sho | - | | | | | | | | |
| 3a | Are there endowment funds not in the posse | | ation that are he | ld and administer | red for th | ne | | | | |
| | organization by: | | | | | | | ſ | Yes | No |
| | (i) Unrelated organizations? | | | | | | | 3a(i) | | |
| | | | | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the related organiza | | | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | | |
| Par | t VI Land, Buildings, and Equipm | ient | | | | | | | | |
| | Complete if the organization answere | d "Yes" on Form 990 |), Part IV, line 1 [.] | 1a. See Form 990 |), Part X, | line 10. | | | | |
| | Description of property | (a) Cost or o basis (investr | • • • | Cost or other asis (other) | | ccumulate | ed | (d) Bool | k value | 3 |
| 1a | Land | | | 37,749. | | | | 37 | 7,74 | 19. |
| | Buildings | | 1, | 697,219. | | 644,39 | 96. | 1,073 | | |
| | Leasehold improvements | | | | | - | | | | |
| | Equipment | | | 131,625. | | 65,70 | | 45 | 5,20 |)8. |
| | Other | | | 4,147. | | | 53. | | 3,88 | |
| | Add lines 1a through 1e. (Column (d) must e | | X. line 10c. col | umn (B)) | | <u></u> | | 1,160 |),32 | 21. |
| | • • • • • • • | - | | | | | | | | |

Schedule D (Form 990) 2023

332052 09-28-23

| Schedule D (Form 990) | 2023 | SERENE | HARBOR, | INC. |
|-----------------------|------|--------|---------|------|
| | | | | |

| a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end | -of-year market value |
|---|---|--------------------------------------|-----------------------|
| Financial derivatives | () | | , |
| Closely held equity interests | | | |
| Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| al. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) | | | |
| | - Faura 000 Daut IV/ line | 11a Cas Farm 000 Dart V line 10 | |
| Complete if the organization answered "Yes" or (a) Description of investment | | | - f |
| | (b) Book value | (c) Method of valuation: Cost or end | -of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| | | | |
| (9) al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) | | | |
| al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" or | n Form 990, Part IV, line escription | 11d. See Form 990, Part X, line 15. | (b) Book value |
| al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" or (a) D | | 11d. See Form 990, Part X, line 15. | (b) Book value |
| al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" or | | 11d. See Form 990, Part X, line 15. | (b) Book value |
| al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" or (a) D (1) (2) | | 11d. See Form 990, Part X, line 15. | (b) Book value |
| al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" or (a) D (1) (2) (3) | | 11d. See Form 990, Part X, line 15. | (b) Book value |
| al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) | | 11d. See Form 990, Part X, line 15. | (b) Book value |
| II. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) | | 11d. See Form 990, Part X, line 15. | (b) Book value |
| al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) | | 11d. See Form 990, Part X, line 15. | (b) Book value |
| II. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) | | 11d. See Form 990, Part X, line 15. | (b) Book value |
| I. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) | | 11d. See Form 990, Part X, line 15. | (b) Book value |
| II. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) | escription | | (b) Book value |
| al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, col. (b) | escription | | (b) Book value |
| al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) sal. (Column (b) must equal Form 990, Part X, line 15, col. (a) art X Other Liabilities | escription (B)) | | (b) Book value |
| II. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, line 15, col.) art X Other Liabilities Complete if the organization answered "Yes" or | escription (B)) | | (b) Book value |
| II. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability | escription (B)) | | |
| I. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes | escription (B)) | | (b) Book value |
| II. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) FINANCE LEASE | escription (B)) | | |
| II. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, line 15, col. (A) art X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) FINANCE LEASE (3) | escription (B)) | | (b) Book value |
| II. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, line 15, col. (A) (B) (9) al. (Column (b) must equal Form 990, Part X, line 15, col. (A) (a) Description of liability (1) Federal income taxes (2) FINANCE LEASE (3) (4) | escription (B)) | | (b) Book value |
| al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) FINANCE LEASE (3) (4) (5) | escription (B)) | | (b) Book value |
| II. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) FINANCE LEASE (3) (4) (5) (6) | escription (B)) | | (b) Book value |
| II. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) FINANCE LEASE (3) (4) (5) (6) (7) | escription (B)) | | (b) Book value |
| al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes | escription (B)) | | (b) Book value |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2023

332053 09-28-23

| | edule D (Form 990) 2023 SERENE HARBOR, INC. | | | | 3113093 Page 4 |
|--|--|---|-------------------------------------|--------------|--|
| Pa | rt XI Reconciliation of Revenue per Audited Financial Stateme | ents With F | Revenue per Ret | turn | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | a. | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 1,266,505. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | . 2a | | | |
| b | Donated services and use of facilities | 2b | 8,400. | | |
| с | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | 33,362. | | |
| е | Add lines 2a through 2d | | | 2e | 41,762. |
| 3 | Subtract line 2e from line 1 | | | 3 | 1,224,743. |
| 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 | | | |
| | Add lines 4a and 4b | | | 4c | 0. |
| с | | | | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 1,224,743. |
| 5 | | | | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | ents With | | | n |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem | ents With | Expenses per F | | |
| 5 Ра | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12: | ents With | Expenses per R | eturi | n |
| 5 Ра 1 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements | ents With | Expenses per F | eturi | n |
| 5 Ра 1 2 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: | 2a 2a | Expenses per R | eturi | n |
| 5 Pa 1 2 a | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments | 2a2 | Expenses per R | eturi | n |
| 5 Pa 1 2 a b | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses | 2a 2b 2c | Expenses per R | eturi | n 1,220,811. |
| 5 Pa 1 2 a b c d | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses | 2a 2b 2c 2d | Expenses per R 8,400. 33,362. | eturi | n <u>1,220,811.</u> 41,762. |
| 5 Pa 1 2 a b c d | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d | 2a 2b 2c 2d | Expenses per R 8,400. 33,362. | eturi 1 | n 1,220,811. |
| 5 Pa 1 2 a b c d e | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other New York (Describe in Part XIII.) | 2a 2b 2c 2d | Expenses per R 8,400. 33,362. | 1 2e | n <u>1,220,811.</u> 41,762. |
| 5 Pa 1 2 a b c d e 3 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other losses in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: | 2a 2b 2c 2d | Expenses per R 8,400. 33,362. | 1 2e | n <u>1,220,811.</u> 41,762. |
| 5 Pa 1 2 a b c d e 3 4 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | 2a 2b 2b 2c 2d 4a | Expenses per R 8,400. 33,362. | 1 2e | n <u>1,220,811.</u> 41,762. |
| 5 Pa 1 2 a b c d e 3 4 a | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | 2a 2b 2c 2d | Expenses per R 8,400. 33,362. | 1 2e | n <u>1,220,811.</u> <u>41,762.</u> 1,179,049. 0. |
| 5 Pa 1 2 a b c d e 3 4 a b c 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 2a 2b 2c 2d 4a 4b | Expenses per R 8,400. 33,362. | 1 2e 3 | n <u>1,220,811.</u> <u>41,762.</u> 1,179,049. |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

SERENE HARBOR, INC. IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(A) OF

THE INTERNAL REVENUE CODE AS AN ORGANIZATION DESCRIBED IN SECTION

501(C)(3) AND IS CLASSIFIED AS OTHER THAN A PRIVATE FOUNDATION.

CONTRIBUTIONS TO THE CENTER ARE QUALIFIED AS DEDUCTIONS FOR CHARITABLE

CONTRIBUTIONS.

332054 09-28-23

THE ORGANIZATION FOLLOWS THE ACCOUNTING GUIDANCE FOR UNCERTAINTY IN INCOME

TAXES USING THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD (FASB)

ASC 740, INCOME TAXES. USING THAT GUIDANCE, TAX POSITIONS INITIALLY NEED

TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS

MORE-LIKELY-THAN-NOT THE POSITION WILL BE SUSTAINED UPON EXAMINATION BY

29

Schedule D (Form 990) 2023

11190408 794202 72-05908.000

THE TAX AUTHORITIES.

AS OF JUNE 30, 2024, THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT

QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

ADDITIONALLY, THE ORGANIZATION HAD NO INTEREST AND PENALTIES RELATED TO

INCOME TAXES.

WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO U.S.

FEDERAL, STATE, AND LOCAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR

YEARS BEFORE 2021.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES

33,362.

33,362.

Schedule D (Form 990) 2023

332055 09-28-23

| SCHEDULE G | Suppleme | ntal Information Regarding | Fund | Iraisi | ng or Gaming A | ctiv | ities | OMB No. 1545-0047 |
|--|---------------------|---|-----------------------------|-------------------------------|-------------------------|---------|--|-------------------------------------|
| (Form 990) | Complete if the | 2023 | | | | | | |
| | c | Open to Public | | | | | | |
| Department of the Treasury Internal Revenue Service | Go t | Attach to Form 990 o o www.irs.gov/Form990 for instrue | | | | າ. | | Inspection |
| Name of the organization | | HARBOR, INC. | | | | | Employer id | lentification number 5093 |
| | ing Activities. | Complete if the organization answe | red "Y | es" or | n Form 990, Part IV, li | ine 1 | | |
| required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations g Special fundraising events d In-person solicitations VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Pid (v) Amount paid (vi) Amount paid | | | | | | | | (vi) Amount paid |
| or entity (func | | (ii) Activity | have c or cor contrib | ustody itrol of utions? | from activity | | or retained by fundraiser ted in col. (i) | to (or retained by) organization |
| | | | Yes | No | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| Total | | | | | | | | |
| 3 List all states in whitor licensing. | ich the organizatio | n is registered or licensed to solicit c | ontrib | utions | or has been notified | it is e | exempt from r | egistration |
| | | | | | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2023

LHA 332081 09-13-23

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|-----------------|---|----------------------------|--------------------------------|-------------------|--------------------------|
| | | GOLF | PURSES WITH | | (add col. (a) through |
| | | TOURNAMENT | A PURPOSE | 1 | col. (c)) |
| a | | (event type) | (event type) | (total number) | |
| Hevenue | 1 Gross receipts | 51,821. | 57,053. | 45,018. | 153,892 |
| | 2 Less: Contributions | 26,100. | 25,587. | 45,018. | 96,705 |
| | 3 Gross income (line 1 minus line 2) | 25,721. | 31,466. | | 57,187 |
| | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| benses | 6 Rent/facility costs | | | | |
| Ulrect Expenses | 7 Food and beverages | | | | |
| 기 | 8 Entertainment | | | | |
| | 9 Other direct expenses | 18,637. | 14,378. | 347. | 33,362 |
| | 10 Direct expense summary. Add lines 4 through | n 9 in column (d) | | | 33,362 |
| _ | 11 Net income summary. Subtract line 10 from I | | | | 23,825 |
| a | Gaming. Complete if the organization | answered "Yes" on Form | n 990, Part IV, line 19, or re | eported more than | |
| _ | \$15,000 on Form 990-EZ, line 6a. | . | · · · · · | | |
| J | | (a) Bingo | (b) Pull tabs/instant | (c) Other gaming | (d) Total gaming (add |
| | | | bingo/progressive bingo | () 3 3 | col. (a) through col. (a |
| heveriue | | | | | |
| | 1 Gross revenue | | | | |
| | 2 Cash prizes | | | | |
| DIrect Expenses | | | | | |
| be | 3 Noncash prizes | | | | |
| Ц | - | | | | |
| | 4 Rent/facility costs | | | | |
| 5 | | | | | |
| | 5 Other direct expenses | | | | |
| | | Yes % | Yes % | Yes % | |
| | 6 Volunteer labor | Νο | No | No | |
| | | | | | |
| | 7 Direct expense summary. Add lines 2 through | n 5 in column (d) | | | |
| | | | | | |
| | 8 Net gaming income summary. Subtract line 7 | ' from line 1, column (d) | | | |
| | | | | | |
| | Enter the state(s) in which the organization condu | | | | |
| | | ctivities in each of these | | | Yes N |
| а | Is the organization licensed to conduct gaming a | | | | |
| а | | | | | |
| а | Is the organization licensed to conduct gaming a | | | | |
| a b | Is the organization licensed to conduct gaming and If "No," explain: | | | 2212 | |
| a b Da | Is the organization licensed to conduct gaming and If "No," explain: | evoked, suspended, or te | erminated during the tax ye | ear? | Yes N |
| a b)a | Is the organization licensed to conduct gaming and If "No," explain: | evoked, suspended, or te | erminated during the tax ye | ear? | Yes N |
| a b a | Is the organization licensed to conduct gaming and If "No," explain: | evoked, suspended, or te | erminated during the tax ye | ear? | Yes N |

| Sch | edule G (Form 990) 2023 | SERENE | HARBOR, | INC. | | 59-3 | 115093 | Page 3 |
|-------|------------------------------------|-------------------|------------------|--------------|--|---------|-----------------|---------------|
| 11 | Does the organization conduct ga | ming activities | with nonmemb | ers? | | | Yes | No |
| | | | | | of a partnership or other entity formed | | | |
| | to administer charitable gaming? | | | | | | Yes | No No |
| 13 | Indicate the percentage of gaming | | | | | | | |
| а | The organization's facility | | | | | | 13a | % |
| | | | | | | | 13b | % |
| 14 | Enter the name and address of the | e person who p | prepares the org | ganization's | s gaming/special events books and record | ls: | | |
| | | | | | | | | |
| | Name | | | | | | | |
| | | | | | | | | |
| | Address | | | | | | | |
| 15a | Does the organization have a cont | tract with a thir | d party from wi | hom the or | ganization receives gaming revenue? | | Yes | No |
| | | | a party nom m | | | | | |
| b | If "Yes," enter the amount of gam | ing revenue rec | eived by the o | rganization | \$ and the am | ount | | |
| | of gaming revenue retained by the | | \$ | | | | | |
| с | If "Yes," enter name and address | of the third par | | | | | | |
| | | | | | | | | |
| | Name | | | | | | | |
| | | | | | | | | |
| | Address | | | | | | | |
| 40 | | | | | | | | |
| 16 | Gaming manager information: | | | | | | | |
| | Name | | | | | | | |
| | | | | | | | | |
| | Gaming manager compensation | \$ | | | | | | |
| | | | | | | | | |
| | Description of services provided | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | . Г | | | | | |
| | Director/officer | Employe | e l | indepe | endent contractor | | | |
| 17 | Mandatory distributions: | | | | | | | |
| | Is the organization required under | state law to m | ake charitable (| distribution | s from the gaming proceeds to | | | |
| | | | | | | | Yes | No No |
| b | | | | | d to other exempt organizations or spent i | n the | | |
| _ | organization's own exempt activit | | | | | | | |
| Pa | | | | | ired by Part I, line 2b, columns (iii) and (v) | and Par | t III, lines 9, | 9b, 10b, |
| | 15b, 15c, 16, and 17b, as | applicable. Als | so provide any | additional i | nformation. See instructions. | | | |
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| 33208 | 83 09-13-23 | | | | | Schedu | ule G (Form | 990) 2023 |
| | | | | 33 | | | | |

11190408 794202 72-05908.000 2023.05070 SERENE HARBOR, INC. 72-05902

| Part IV | Supplemental Informatio | (continued) | | |
|----------------|-------------------------|-------------|------|-----------------------|
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| | | | | Schedule G (Form 990) |
| 332084 04-01-2 | 23 | | | |

| SCHEDULE I (Form 990) | Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. | | | | | | | | |
|--|--|--------------------|---|-----------------------------|--|---|---------------------------------------|-----------------------------|-----------------------|
| Department of the Treasury | | | _ | Attach to Forn | n 990. | | | | to Public |
| Internal Revenue Service Go to www.irs.gov/Form990 for the latest information. | | | | | | | | 1 | pection |
| Name of the organization Employer identia SERENE HARBOR, INC. 59 | | | | | | | | | tion number 115093 |
| Part I General Information on Grants and Assistance | | | | | | | | | 113033 |
| 1 Does the organizati | on maintain records t | o substantiate the | amount of the grants | or assistance, the | grantees' eligibility | for the grants or assis | tance, and the selecti | ion | |
| criteria used to awa | ard the grants or assis | tance? | - | | | - | | X Yes | 🗌 No |
| | | | oring the use of grant | | | | | | |
| | | - | | | | anization answered "Y | es" on Form 990, Part | t IV, line 21, for any | |
| · · · | | , | be duplicated if addition | | 1 | (f) Method of | | | |
| 1 (a) Name and addro or gover | | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose o or assista | |
| | | | | | | | | | |
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2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table ...

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2023

Schedule I (Form 990) 2023

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|--|--------------------------|-----------------------------------|---------------------------------------|--|---------------------------------------|
| | | | | | |
| BASIC NEEDS | 18 | 9,353. | 70,202. | FMV | FOOD AND SHELTER SUPPLIES |
| | | | | | |
| RELOCATION ASSISTANCE | 109 | 46,015. | 0. | | |
| | | | | | |
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| Part IV Supplemental Information. Provide the information re | quired in Part L lin | e 2 [.] Part III. column | (b): and any other ad | dditional information | |
| | quilled intrarci, int | | (b), and any other at | | |
| PART I, LINE 2: | | | | | |
| PROCEDURES FOR MONITORING THE USE | OF GRANT | FUNDS. THE | E RELOCATIO | N ADVOCATE | |
| | | | | | |
| ECEIVES A REFERRAL FOR A SURVIVOR | K WHO WAN'I | S TO PARTI | CIPATE IN | THE | |

RELOCATION PROCESS PROGRAM, THEN SETS UP A MEETING TO DISCUSS THE

SURVIVOR'S AND THEIR FAMILIES NEEDS. ONCE THE NEEDS ARE DETERMINED, THE

RELOCATION ADVOCATE DRAFTS AN EMAIL TO THEIR DIRECT SUPERVISOR OUTLINING

THE REQUESTED ITEMS/SERVICES/RESOURCES, AS WELL AS THE DOLLAR AMOUNTS FOR

EACH ITEM AND THE AMOUNTS REMAINING IN THE FUNDING STREAM THAT WILL BE

USED. THE SUPERVISOR CONSIDERS THE REQUEST AND MAKES A DECISION. IF

| Schedule I (Form 990) SERENE HA | RBOR, | INC. | | 59-3115093 | Page 2 |
|---------------------------------|-------|------|-----|---------------|---------------|
| APPROVED, THE ADVOCATE PLACE | | | | | |
| WITH ALL OF THE REQUESTED AN | | | | | |
| REVIEW AND APPROVAL STAMP. T | | | | | |
| FOR FUTURE REFERENCE. | | | | | |
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| 332291 04-01-23 | | _ | 0.7 | Schedule I (F | orm 990) |

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Inspection

23

| Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. |
|--|
| Attach to Form 990. |
| Go to www.irs.gov/Form990 for instructions and the latest information. |

Department of the Treasury Internal Revenue Service

| | 1010111330. | | | |
|----|--------------------|------------|--------------|--|
| or | instructions and t | the latest | information. | |

Employer identification number 59-3115093

ſ ZU **Open to Public**

| Name of | the | organ | izat | ion |
|---------|-----|-------|------|-----|
|---------|-----|-------|------|-----|

SERENE HARBOR, INC.

| Pa | rt I Types of Property | | - | | | | | |
|-----|--|------------------------|---------------------------------------|---|-------------------|-----|-----|----|
| | | (a) Check if | (b) Number of | (c) Noncash contribution | (d Method of d | - | ing | |
| | | applicable | contributions or items contributed | amounts reported on Form 990, Part VIII, line 1g | noncash contrib | | • | S |
| 1 | Art - Works of art | | | | | | | |
| 2 | Art - Historical treasures | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household goods | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities - Publicly traded | | | | | | | |
| 10 | Securities - Closely held stock | | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | | |
| | trust interests | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | | |
| | Historic structures | | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | | |
| 15 | Real estate - Residential | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | |
| 17 | Real estate - Other | | | | | | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | |
| 21 | Taxidermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | Other (FOOD AND SHELTE) | X | 0 | | MARKET VALU | | | |
| 26 | Other (<u>MISCELLANEOUS S</u>) | Х | 0 | | MARKET VALU | | | |
| 27 | Other (GIFT CARDS) | X | 47 | 940. | MARKET VALU | JE | | |
| 28 | Other () | | | | | | | |
| 29 | Number of Forms 8283 received by the organiz | ation during | g the tax year for c | ontributions | | | | |
| | for which the organization completed Form 828 | 33, Part V, D | onee Acknowledg | ement 29 | | | | |
| | | | | | | | Yes | No |
| 30a | During the year, did the organization receive by | | | | | | | |
| | must hold for at least 3 years from the date of t | | | | | | | |
| | exempt purposes for the entire holding period? | • | | | | 30a | | X |
| b | If "Yes," describe the arrangement in Part II. | | | | | | | |
| 31 | Does the organization have a gift acceptance p | | | | ions? | 31 | X | |
| 32a | Does the organization hire or use third parties of | | • | · • · | | | | 37 |
| | contributions? | | | | | 32a | | X |
| b | If "Yes," describe in Part II. | | | | | | | |

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2023

LHA 332141 09-11-23

SERENE HARBOR, INC. Schedule M (Form 990) 2023 Part II

Page 2 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTIONS FOR FOOD AND SHELTER SUPPLIES AND OTHER

MISCELLANEOUS SUPPLIES IS DIFFICULT TO TRACK. MANY CONTRIBUTIONS COME

FROM DRIVES SPONSORED BY OTHER ORGANIZATIONS ON SERENE HARBOR'S BEHALF

WHERE NUMBER OF CONTRIBUTIONS WERE NOT TRACKED.

Schedule M (Form 990) 2023

59-3115093

332142 09-11-23

| SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service | Supplemental Information to Form 990 or 990- Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. | ·ΕΖ | OMB No. 1545-0047 2023 Open to Public Inspection | |
|--|---|-------|---|--|
| Ū | | | identification number | |
| FORM 990, PA | RT I, LINE 1, DESCRIPTION OF ORGANIZATION MISS | ION: | | |
| CALLS ANSWERED IN ADDITION WE RESPONDED TO 10,853 CRISIS HOTLINE TEXTS, | | | | |
| 553 SECURE CHATS, WE PROVIDED 162 STAYS TO 157 INDIVIDUALS/FAMILIES | | | | |
| RESULTING IN 6,272 SHELTER NIGHTS, WE PROVIDED 4,448 SERVICES TO 315 | | | | |
| (223 ADULTS AND 92 CHILDREN), AND 158 SUPPORT GROUPS OR ACTIVITIES TO | | | | |
| 91 ADULTS AND CHILDREN; AND WE PROVIDED 8,174 REFERRALS TO SURVIVORS | | | | |
| AND 1,930 SA | FETY PLANS. | | | |
| IN ADDITION TO THE CORE SERVICES PROVIDED TO SURVIVORS WE ALSO HAD 4 | | | | |
| FUNDRAISING EVENTS, WE PROVIDED 88 ADULT/PROFESSIONAL EDUCATION | | | | |
| ENGAGEMENTS/EVENTS, 4 CAPACITY BUILDING TRAINING WITH OTHER AGENCIES, 7 | | | | |
| LAW ENFORCEMENT TRAININGS/COLLABORATIONS, 11 TRAININGS TO CPIS AND CASE | | | | |
| WORKERS, 20 | YOUTH ORIENTED EDUCATIONAL EVENTS, AND OVER 45 | PUBLI | С | |
| AWARENESS PU | BLICATIONS. | | | |
| | | | | |
| FORM 990, PA | RT VI, SECTION B, LINE 11B: | | | |

ORGANIZATION'S PROCESS TO REVIEW FORM 990 - A DRAFT OF THE FORM 990 IS

PRESENTED TO THE FULL BOARD FOR REVIEW PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF DIRECTORS CONDUCTS AN ANNUAL REVIEW AND SIGNING OF THE CONFLICT OF INTEREST, ETHICS, AND CODE OF CONDUCT POLICY TO ENSURE ONGOING COMPLIANCE WITH ETHICAL AND GOVERNANCE STANDARDS. EACH BOARD MEMBER IS REQUIRED TO REVIEW AND SIGN THE FORM, CONFIRMING THEIR UNDERSTANDING AND COMMITMENT TO THESE PRINCIPLES.

 THESE
 SIGNED
 FORMS
 ARE
 COLLECTED
 AND
 RETAINED
 BY
 THE
 CEO
 IN
 A
 DESIGNATED

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023
 Schedule O (Form 990) 2023

 LHA
 332211
 11-14-23
 40

| Schedule O (Form 990) 2023 Page 2 | | | | |
|---|--------------------------------|--|--|--|
| Name of the organization | Employer identification number | | | |
| SERENE HARBOR, INC. | 59-3115093 | | | |
| | | | | |
| FILE FOR THE CURRENT CALENDAR YEAR. THIS PROCESS HELPS MAIN | NTAIN | | | |

TRANSPARENCY, UPHOLD ORGANIZATIONAL INTEGRITY, AND ENSURE COMPLIANCE WITH REGULATORY AND GRANT REQUIREMENTS.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD CHAIR OR DESIGNEE DID EXTENSIVE RESEARCH TO DETERMINE THE SALARY FOR SERENE HARBOR'S PRESIDENT/CEO. THE BOARD CHAIR OR DESIGNEE CONSULTED

VARIOUS SOURCES SUCH AS BOARD DOCTOR, GUIDESTAR, NON-PROFIT LEADERSHIP,

NETWORK FOR GOOD, BOARD SOURCE AND OTHER COMPARABLE FLORIDA NON-PROFITS.

THE BOARD CHAIR OR DESIGNEE PRESENTED THE FINDINGS TO THE EXECUTIVE BOARD

(EB). THE EB REVIEWED THE FINDINGS, DISCUSSED THE CURRENT FINANCIAL

SITUATION OF THE AGENCY, AND DETERMINED A SALARY FOR THE PRESIDENT/CEO.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS DISCLOSURE EXPLANATION. DUE TO THE NATURE OF ITS

MISSION, THE PHYSICAL LOCATION OF THE ORGANIZATION IS UNDISCLOSED.

THEREFORE, IT MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,

AND FINANCIAL STATEMENTS AVAILABLE UPON WRITTEN REQUEST TO THE P.O. BOX

ADDRESS.

332212 11-14-23