			** PUBLIC DISCLOSURE COPY * Return of Organization Exempt From		OMB No. 1545-0047
For	<b>Q</b>	QN	•		0000
Form <b>990</b>			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	<b>G</b> 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 <b>rt I</b>	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	•	<b></b>		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 \$ )

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 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	
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			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 <b>1a 3</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b>			
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)

<sup>4</sup> 2023.05070 SERENE HARBOR, INC. 72-05902

	990 (2023) SERENE HARBOR, INC.		59-3115	093	P	age <b>5</b>	
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			
	<b>Note:</b> 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.						
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 Form 990 (2023)
 SERENE HARBOR, INC.
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 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	<b>1</b> 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		<b>(D)</b> Reportable compensation	(E) Reportable compensation	<b>(F)</b> 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.
					-				
	<u> </u>	1							
		1							
	1								
		1							
		1							
332007 12-21-23	1			l	l				Form <b>990</b> (2023)

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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>B)</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	<b>(E)</b> Reportable compensation from related	<b>(F)</b> 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 <b>former</b> 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 <b>990</b> (2023)

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			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				
					<b>(A)</b> 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 <b>1f</b>	99,589.				
ŪĘ.		a	Noncash contributions included in lines 1a-1f	17,087.				
Cor		-	Total. Add lines 1a-1f		1,176,462.			
				<b>Business Code</b>				
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 <b>7a</b>					
		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					
		<b>L</b>	and allowances 10a Less: cost of goods sold 10					
			<b>.</b>					
		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 <b>990</b> (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	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	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

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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>	
					<b>(A)</b> Beginning of year		<b>(B)</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 <b>990</b> (2023)

Form 990 (2023)

72-05902

	1990 (2023) SERENE HARBOR, INC.	59-31	15093	Pag	<sub>ge</sub> 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?		<b>2</b> 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?		<b>2</b> 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?		<b>3</b> 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 <b>sectio</b>	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		<b>Type I.</b> A supporting orga	• •			-		-	giving		
		the supported organization		-	• • • •	-					
		organization. You must c									
b		<b>Type II.</b> 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		<b>Type III functionally inte</b>	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). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	<b>V</b> .				
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					
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>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	(e) 2023	<b>(f)</b> 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)	<b>(a)</b> 2019	<b>(b)</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 %		
<b>1</b> 6a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	n line 13, and line <sup>-</sup>	14 is 33 1/3% or m	ore, check this bo			
	stop here. The organization qualifies		-						
b	<b>33 1/3% support test - 2022.</b> If the				line 15 is 33 1/3%	or more, check thi	s box		
. <b>-</b> -	and <b>stop here.</b> 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		

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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>(b)</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>					
	<b>Total support.</b> (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	<b>)23</b> (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 <b>st</b>	t <b>op here.</b> 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				

<sup>2023.05070</sup> SERENE HARBOR, INC.

SERENE HARBOR, INC.

1

Yes No

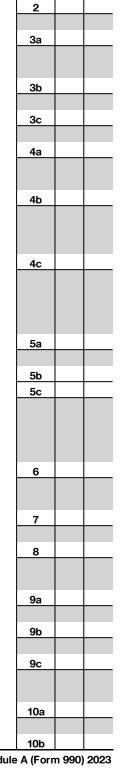
#### Part IV Supporting Organizations

(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.)

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Schedule A (Form 990) 2023

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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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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			

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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

332025 12-21-23

11190408 794202 72-05908.000

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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.

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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 <sub>Page</sub>
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,
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
		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 <b>not</b> 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)
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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

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Schedule	В	(Form	990)	(2023)
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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

## 11190408 794202 72-05908.000

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>b)</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	•	<b>c</b>	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	<b>v</b>		
					\$
					\$
	-	eduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2023
332051	09-28-23				

11190408 794202 72-05908.000

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2023.05070	SERENE	HARBOR,	INC.	72-05902

		HARBOR, INC					59-31	15093	3 Ра	age <b>2</b>
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. <b>t V</b> 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 <sup>.</sup>	1a. See Form 990	), Part X,	line 10.				
	Description of property	<b>(a)</b> Cost or o basis (investr	• • •	Cost or other asis (other)		ccumulate	ed	(d) Bool	k value	3
1a	Land			37,749.				37	7,74	<b>19.</b>
	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			- <b>f</b>
	(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>(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		11d. See Form 990, Part X, line 15.	<b>(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		11d. See Form 990, Part X, line 15.	<b>(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)		11d. See Form 990, Part X, line 15.	<b>(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)		11d. See Form 990, Part X, line 15.	<b>(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)		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
<ul> <li>I. (Col. (b) must equal Form 990, Part X, line 13, col. (B))</li> <li>art IX Other Assets Complete if the organization answered "Yes" or (a) D</li> <li>(1) (2) (3) (4) (5) (6) (7) (8)</li> </ul>		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 <b>4a</b> and <b>4b</b>			4c	0.
с					
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	1,224,743.
5					
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (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.) <b>TXII</b> 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. <b>(i)</b>	to (or retained by) organization
			Yes	No				
Total								
<b>3</b> 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

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. <b>(c)</b> )
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
	<b>3</b> 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	<b>Gaming.</b> 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.	<b>.</b>	· · · · ·		
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				
		<b>Yes</b> %	Yes %	<b>Yes</b> %	
	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 <b>3</b>
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.			
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)		
				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			
<b>1 (a)</b> Name and addro or gover		<b>(b)</b> EIN	<b>(c)</b> 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	

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.		
Part IV Supplemental Information. Provide the information re	quired in Part L lin	e 2 <sup>.</sup> 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 <b>2</b>
APPROVED, THE ADVOCATE PLACE					
WITH ALL OF THE REQUESTED AN					
REVIEW AND APPROVAL STAMP. T					
FOR FUTURE REFERENCE.					
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		-					
		<b>(a)</b> 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