

Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)  
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047  
**2007**  
**Open to Public Inspection**

**A For the 2007 calendar year, or tax year beginning 07-01-2007 and ending 06-30-2008**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

**C Name of organization**  
 SERENE HARBOR INC

**Number and street (or P O box if mail is not delivered to street address) Room/suite**  
 PO BOX 100039

**City or town, state or country, and ZIP + 4**  
 PALM BAY, FL 329100039

**D Employer identification number**  
 59-3115093

**E Telephone number**  
 (321) 726-8282

**F Accounting method**  Cash  Accrual  
 Other (specify) \_\_\_\_\_

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G Web site:** SERENEHARBOR.ORG

**J Organization type** (check only one)  501(c)(3) (insert no )  4947(a)(1) or  527

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**H and I are not applicable to section 527 organizations**

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes" enter number of affiliates: \_\_\_\_\_

**H(c)** Are all affiliates included?  Yes  No  
 (If "No," attach a list. See instructions.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Group Exemption Number: \_\_\_\_\_

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 1,353,577

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

<b>1</b>	Contributions, gifts, grants, and similar amounts received				
<b>a</b>	Contributions to donor advised funds . . . . .	<b>1a</b>			
<b>b</b>	Direct public support (not included on line 1a) . . . . .	<b>1b</b>		220,856	
<b>c</b>	Indirect public support (not included on line 1a) . . . . .	<b>1c</b>		84,529	
<b>d</b>	Government contributions (grants) (not included on line 1a)	<b>1d</b>		1,023,153	
<b>e</b>	<b>Total</b> (add lines 1a through 1d) (cash \$ 1,315,835 noncash \$ 12,703 )	<b>1e</b>			1,328,538
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93) .	<b>2</b>			
<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>			
<b>4</b>	Interest on savings and temporary cash investments . . . . .	<b>4</b>			3,126
<b>5</b>	Dividends and interest from securities . . . . .	<b>5</b>			
<b>6a</b>	Gross rents . . . . .	<b>6a</b>			
<b>b</b>	Less rental expenses . . . . .	<b>6b</b>			
<b>c</b>	Net rental income or (loss) subtract line 6b from line 6a . . . . .	<b>6c</b>			
<b>7</b>	Other investment income (describe ) . . . . .	<b>7</b>			
<b>8a</b>	Gross amount from sales of assets other than inventory . . . . .	<b>(A) Securities</b>		<b>(B) Other</b>	
<b>b</b>	Less cost or other basis and sales expenses . . . . .	<b>8a</b>			
<b>c</b>	Gain or (loss) (attach schedule) . . . . .	<b>8b</b>		1,384	
<b>d</b>	Net gain or (loss) Combine line 8c, columns (A) and (B) . . . . .	<b>8c</b>		-1,384	
<b>8d</b>					-1,384
<b>9</b>	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
<b>a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1b) . . . . .	<b>9a</b>		19,419	
<b>b</b>	Less direct expenses other than fundraising expenses . . . . .	<b>9b</b>		29,400	
<b>c</b>	Net income or (loss) from special events Subtract line 9b from line 9a . . . . .	<b>9c</b>			-9,981
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>			
<b>b</b>	Less cost of goods sold . . . . .	<b>10b</b>			
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a . . . . .	<b>10c</b>			
<b>11</b>	Other revenue (from Part VII, line 103) . . . . .	<b>11</b>			2,494
<b>12</b>	<b>Total revenue</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 . . . . .	<b>12</b>			1,322,793
<b>13</b>	Program services (from line 44, column (B)) . . . . .	<b>13</b>			547,228
<b>14</b>	Management and general (from line 44, column (C)) . . . . .	<b>14</b>			68,609
<b>15</b>	Fundraising (from line 44, column (D)) . . . . .	<b>15</b>			17,417
<b>16</b>	Payments to affiliates (attach schedule) . . . . .	<b>16</b>			
<b>17</b>	<b>Total expenses</b> Add lines 16 and 44, column (A) . . . . .	<b>17</b>			633,254
<b>18</b>	Excess or (deficit) for the year Subtract line 17 from line 12 . . . . .	<b>18</b>			689,539
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A)) . . . . .	<b>19</b>			421,849
<b>20</b>	Other changes in net assets or fund balances (attach explanation) . . . . .	<b>20</b>			50,032
<b>21</b>	Net assets or fund balances at end of year Combine lines 18, 19, and 20 . . . . .	<b>21</b>			1,161,420

**Part III Statement of Functional Expenses**

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>			
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>			
<b>23</b> Specific assistance to individuals (attach schedule) <input checked="" type="checkbox"/>	<b>23</b>	4,429	4,429	
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	<b>25a</b>	92,296	84,428	6,618
<b>b</b> Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	<b>25b</b>			
<b>c</b> Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	<b>25c</b>			
<b>26</b> Salaries and wages of employees not included on lines 25a, b and c	<b>26</b>	285,038	260,740	20,437
<b>27</b> Pension plan contributions not included on lines 25a, b and c	<b>27</b>	14,906	9,043	5,863
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b>	41,206	24,998	16,208
<b>29</b> Payroll taxes	<b>29</b>	31,351	28,678	2,248
<b>30</b> Professional fundraising fees	<b>30</b>			
<b>31</b> Accounting fees	<b>31</b>	19,781	17,370	2,152
<b>32</b> Legal fees	<b>32</b>			
<b>33</b> Supplies	<b>33</b>	20,333	18,540	1,793
<b>34</b> Telephone	<b>34</b>	10,042	9,439	603
<b>35</b> Postage and shipping	<b>35</b>			
<b>36</b> Occupancy	<b>36</b>			
<b>37</b> Equipment rental and maintenance	<b>37</b>			
<b>38</b> Printing and publications	<b>38</b>			
<b>39</b> Travel	<b>39</b>	11,220	10,616	538
<b>40</b> Conferences, conventions, and meetings	<b>40</b>			
<b>41</b> Interest	<b>41</b>	4,211	4,000	211
<b>42</b> Depreciation, depletion, etc (attach schedule) <input checked="" type="checkbox"/>	<b>42</b>	19,834	16,444	3,390
<b>43</b> Other expenses not covered above (itemize)				
<b>a</b> See Additional Data Table	<b>43a</b>			
<b>b</b>	<b>43b</b>			
<b>c</b>	<b>43c</b>			
<b>d</b>	<b>43d</b>			
<b>e</b>	<b>43e</b>			
<b>f</b>	<b>43f</b>			
<b>g</b>	<b>43g</b>			
<b>44</b> <b>Total functional expenses.</b> Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b>	633,254	547,228	68,609

**Joint Costs.** Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments (See the instructions.)**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? <b>▶ ASSIST VICTIMS OF DOMESTIC VIOLENCE</b> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
<b>a</b> PROVIDE SHELTER, FOOD, AND CLOTHING FOR VICTIMS OF DOMESTIC VIOLENCE, NUMBER SHELTERED, 169 (5270 DAYS OF SHELTER) PROVIDE CRISIS LINE, ANSWERED 659 CALLS  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	455,896
<b>b</b> OUTREACH SERVICES, PROVIDE COUNSELING FOR VICTIMS OF DOMESTIC VIOLENCE, 6133 SESSIONS PROVIDE INFORMATION AND REFERRAL CALLS FROM THE COMMUNITY, ANSWERED 1736 CALLS  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	91,332
<b>c</b> _____ _____ (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>d</b> _____ _____ _____ (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . <input type="checkbox"/>	547,228

**Part IV Balance Sheets (See the instructions.)**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		<b>(A)</b>		<b>(B)</b>		
		Beginning of year		End of year		
<b>Assets</b>	<b>45</b> Cash—non-interest-bearing . . . . .		41,845	<b>45</b>	48,532	
	<b>46</b> Savings and temporary cash investments . . . . .		71,199	<b>46</b>	61,103	
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b>	21,902			
	<b>b</b> Less allowance for doubtful accounts	<b>47b</b>		<b>47c</b>	21,902	
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b>	70,967			
	<b>b</b> Less allowance for doubtful accounts	<b>48b</b>		64,939	<b>48c</b>	70,967
	<b>49</b> Grants receivable . . . . .		44,610	<b>49</b>	36,029	
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .			<b>50a</b>		
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule) . . . . .			<b>50b</b>		
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b>				
	<b>b</b> Less allowance for doubtful accounts	<b>51b</b>		<b>51c</b>		
	<b>52</b> Inventories for sale or use . . . . .			<b>52</b>		
	<b>53</b> Prepaid expenses and deferred charges . . . . .		5,576	<b>53</b>	14,257	
	<b>54a</b> Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			<b>54a</b>		
	<b>b</b> Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			<b>54b</b>		
<b>55a</b> Investments—land, buildings, and equipment basis . . . . .	<b>55a</b>					
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>55b</b>		<b>55c</b>			
<b>56</b> Investments—other (attach schedule) . . . . .			<b>56</b>			
<b>57a</b> Land, buildings, and equipment basis	<b>57a</b>	1,271,572				
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>57b</b>	89,224	272,071	<b>57c</b>	1,182,348	
<b>58</b> Other assets, including program-related investments (describe <input type="checkbox"/> _____ )			822	<b>58</b>	58,630	
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .			501,062	<b>59</b>	1,493,768	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .		27,307	<b>60</b>	49,181	
	<b>61</b> Grants payable . . . . .			<b>61</b>		
	<b>62</b> Deferred revenue . . . . .			<b>62</b>		
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .			<b>63</b>		
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .			<b>64a</b>		
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .			51,906	<b>64b</b>	283,167
	<b>65</b> Other liabilities (describe <input type="checkbox"/> _____ )				<b>65</b>	
<b>66 Total liabilities</b> Add lines 60 through 65 . . . . .			79,213	<b>66</b>	332,348	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/></b> and complete lines 67 through 69 and lines 73 and 74					
	<b>67</b> Unrestricted . . . . .		356,910	<b>67</b>	1,090,453	
	<b>68</b> Temporarily restricted . . . . .		64,939	<b>68</b>	70,967	
	<b>69</b> Permanently restricted . . . . .			<b>69</b>		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/></b> and complete lines 70 through 74					
	<b>70</b> Capital stock, trust principal, or current funds . . . . .			<b>70</b>		
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .			<b>71</b>		
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>72</b>		
	<b>73 Total net assets or fund balances</b> Add lines 67 through 69 <b>or</b> lines 70 through 72 (Column (A) <b>must</b> equal line 19 and column (B) <b>must</b> equal line 21) . . . . .			421,849	<b>73</b>	1,161,420
	<b>74 Total liabilities and net assets / fund balances</b> Add lines 66 and 73 . . . . .			501,062	<b>74</b>	1,493,768





Part VI Other Information (continued)

Yes No

82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82b If "Yes," you may indicate the value of these items here
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs. Enter a Gross income from members or shareholders
87b Gross income from other sources
88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
88b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)?
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
89b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter Amount of tax on line 89c, above, reimbursed by the organization
89e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?
89f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?
89g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?
90a List the states with which a copy of this return is filed
90b Number of employees employed in the pay period that includes March 12, 2007
91a The books are in care of SERENE HARBOR INC Telephone no (321) 726-8282
PO BOX 100039
Located at PALM BAY, FL ZIP + 4 329100039
91b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

**Part VI Other Information (continued)**

**c** At any time during the calendar year, did the organization maintain an office outside of the United States? **91c**  Yes  No

If "Yes," enter the name of the foreign country

**92** Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here  and enter the amount of tax-exempt interest received or accrued during the tax year **92**

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments . . . . .					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments . . . . .					
<b>95</b> Interest on savings and temporary cash investments			14	3,126	
<b>96</b> Dividends and interest from securities . . . . .					
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property . . . . .					
<b>b</b> non debt-financed property . . . . .					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory					-1,384
<b>101</b> Net income or (loss) from special events . . . . .			1	-9,981	
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue <b>a</b> MISCELLANEOUS			1	2,494	
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .				-4,361	-1,384
<b>105</b> Total (add line 104, columns (B), (D), and (E)) . . . . .					-5,745

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
103B	MISCELLANEOUS RECEIPTS RELATED TO SHELTER OPERATIONS

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

**(a)** Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

**(b)** Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**NOTE:** If "Yes" to **(b)**, file Form 8870 and Form 4720 (see instructions).



**Part XI Information Regarding Transfers To and From Controlled Entities** Complete only if the organization is a controlling organization as defined in section 512(b)(13)

<b>106</b>	Did the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	<b>Yes</b>	<b>No</b>
			No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

<b>107</b>	Did the reporting organization <b>receive</b> any transfers <b>from</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	<b>Yes</b>	<b>No</b>
			No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

<b>108</b>	Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?	<b>Yes</b>	<b>No</b>

<b>Please Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	***** Signature of officer	
<b>Paid Preparer's Use Only</b>	MELODY KEETH EXECUTIVE DIRECTOR Type or print name and title	
	Preparer's signature LARK JANES	Date 2009-03-04
	Firm's name (or yours if self-employed), address, and ZIP + 4	JANES KEY & DINHO PA 2717 NORTH WICKHAM ROAD SUITE 3 MELBOURNE, FL 32935

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2007

Name of the organization SERENE HARBOR INC

Employer identification number

59-3115093

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

Table with 5 columns: (a) Name and address of each employee paid more than \$50,000; (b) Title and average hours per week devoted to position; (c) Compensation; (d) Contributions to employee benefit plans & deferred compensation; (e) Expense account and other allowances. Includes entries for Nancy Peltonen and Cristina Martin.

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$50,000; (b) Type of service; (c) Compensation. Includes a 'Total number of others receiving over \$50,000 for professional services' row.

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.)

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$50,000; (b) Type of service; (c) Compensation. Includes a 'Total number of other contractors receiving over \$50,000 for other services' row.

**Part III Statements About Activities** (See page 2 of the instructions.)

**Yes No**

<p><b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶\$ _____(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B )</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>	<b>1</b>		No
<p><b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)</p> <p><b>a</b> Sale, exchange, or leasing property?</p>	<b>2a</b>		No
<p><b>b</b> Lending of money or other extension of credit?</p>	<b>2b</b>		No
<p><b>c</b> Furnishing of goods, services, or facilities?</p>	<b>2c</b>		No
<p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	<b>2d</b>	Yes	
<p><b>e</b> Transfer of any part of its income or assets?</p>	<b>2e</b>		No
<p><b>3a</b> Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments )</p>	<b>3a</b>		No
<p><b>b</b> Did the organization have a section 403(b) annuity plan for its employees?</p>	<b>3b</b>		No
<p><b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement</p>	<b>3c</b>		No
<p><b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	<b>3d</b>		No
<p><b>4a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	<b>4a</b>		No
<p><b>b</b> Did the organization make any taxable distributions under section 4966?</p>	<b>4b</b>		
<p><b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?</p>	<b>4c</b>		
<p><b>d</b> Enter the total number of donor advised funds owned at the end of the tax year ▶ _____</p>			
<p><b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____</p>			
<p><b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ <u>0</u></p>			
<p><b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ <u>0</u></p>			

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box )

- 5**  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6**  A school Section 170(b)(1)(A)(ii) (Also complete Part V )
- 7**  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8**  A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9**  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state**  \_\_\_\_\_
- 10**  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b**  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12**  An organization that normally receives **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions—subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A )
- 13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
- Type I     Type II     Type III - Functionally Integrated     Type III - Other

**Provide the following information about the supported organizations. (see page 7 of the instructions.)**

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
<b>Total</b>					<input type="checkbox"/>

- 14**  An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions )



**Part V Private School Questionnaire** (See page 7 of the instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
<b>29</b>	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
<b>30</b>	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
<b>31</b>	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )   		
<b>32</b>	Does the organization maintain the following		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?		
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )  		
<b>33</b>	Does the organization discriminate by race in any way with respect to		
<b>a</b>	Students' rights or privileges?		
<b>b</b>	Admissions policies?		
<b>c</b>	Employment of faculty or administrative staff?		
<b>d</b>	Scholarships or other financial assistance?		
<b>e</b>	Educational policies?		
<b>f</b>	Use of facilities?		
<b>g</b>	Athletic programs?		
<b>h</b>	Other extracurricular activities?  If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )  		
<b>34a</b>	Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</b>	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
<b>35</b>	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768)Check  **a** if the organization belongs to an affiliated group Check  **b** if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred )

**(a)**  
Affiliated group  
totals**(b)**  
To be completed  
for all electing  
organizations

<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>		
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>		
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>		
<b>39</b>	Other exempt purpose expenditures	<b>39</b>		
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>		
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table— <b>If the amount on line 40 is—</b> <b>The lobbying nontaxable amount is—</b> Not over \$500,000                                      20% of the amount on line 40 Over \$500,000 but not over \$1,000,000      \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000    \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000    \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000                                    \$1,000,000	<b>41</b>		
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>		
<b>43</b>	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>		
<b>44</b>	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>		

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below)

See the instructions for lines 45 through 50 on page 11 of the instructions )

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines **c** through **h**.)

Yes	No	Amount

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities





Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2007

Department of the Treasury Internal Revenue Service

See separate instructions. Attach to your tax return.

Attachment Sequence No 67

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number.

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 rows for Part I calculations: 1 Maximum amount, 2 Total cost, 3 Threshold cost, 4 Reduction in limitation, 5 Dollar limitation.

Table with 13 rows for Part II calculations: 6-13 (a) Description of property, (b) Cost, (c) Elected cost, 7-13 (a) Description of property, (b) Cost, (c) Elected cost.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

Table with 4 rows for Part II calculations: 14 Special allowance, 15 Property subject to section 168(f)(1) election, 16 Other depreciation.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 2 rows for Section A: 17 MACRS deductions for assets placed in service in tax years beginning before 2007, 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here.

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction.

Section C—Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

Table with 3 rows for Section C: 20a Class life, b 12-year, c 40-year.

Part IV Summary (see instructions)

Table with 3 rows for Part IV: 21 Listed property, 22 Total, 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost. Includes rows for 25, 26, 27, 28, and 29.

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 main columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Rows include 30-33 (miles driven) and 34-36 (availability and use).

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

Table with 2 columns: Yes, No. Rows include 37-41 (policy statements and requirements).

**Part VI Amortization**

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows for 42, 43, and 44.

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 59-3115093  
**Name:** SERENE HARBOR INC

### Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>a</b> EXPENSES	<b>43a</b>				
<b>b</b> AMORTIZATION	<b>43b</b>	854		854	
<b>c</b> DUES AND SUBSCRIPTIONS	<b>43c</b>	1,892	1,892		
<b>d</b> FOOD	<b>43d</b>	12,033	12,033		
<b>e</b> FUNDRAISING	<b>43e</b>	11,049			11,049
<b>f</b> INSURANCE	<b>43f</b>	9,814	9,364	450	
<b>g</b> CONTRACT SERVICES	<b>43g</b>	13,757	12,036	1,694	27
<b>h</b> MISCELLANEOUS	<b>43h</b>	4,858	125	4,253	480
<b>i</b> OFFICE EXPENSE	<b>43i</b>	10,410	9,810	600	
<b>j</b> TRAINING	<b>43j</b>				
<b>k</b> UTILITIES	<b>43k</b>	13,940	13,243	697	

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
KATHLEEN CASEY 1745 LAS PALMOS DR SW PALM BAY, FL 32908	DIRECTOR 000 0	0	0	0
RONALD CASWELL 5075 RIVERDEDEGE DR TITUSVILLE, FL 32899	VICE-PRESIDE 000 0	0	0	0
DOTTIE GATTI 722 LOGGERHEAD ISLAND DR SATELLITE BEACH, FL 32937	TREASURER 000 0	0	0	0
STUART BORTON 905 US HWY 1 MALABAR, FL 32950	DIRECTOR 000 0	0	0	0
SHAWN CROUCH 4781 HONEYRIDGE LN MERRITT ISLAND, FL 32952	SECRETARY 000 0	0	0	0
PATSY KURTH 2540 ROCKY POINT RD MALABAR, FL 32950	DIRECTOR 000 0	0	0	0
DAWN OSTOVICH 313 TRINIDAD DR SATELLITE BEACH, FL 32937	DIRECTOR 000 0	0	0	0
MISCHEL OSTOVICH 216 WATERSIDE DR INDIAN HARBOR BEACH, FL 32937	PRESIDENT 000 0	0	0	0
MELODY KEETH 1745 LAS PALMOS DR SW PALM BAY, FL 32908	EXECUTIVE DI 40 00	92,296	11,126	0
JAN PENCE 3710 GRANDE BAY COURT MELBOURNE BEACH, FL 32951	DIRECTOR 000 0	0	0	0

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
CONNIE CHILES-COOKE 2320 DAIRY RD SUITE 102 WEST MELBOURNE, FL 32904	DIRECTOR 000 0	0	0	0
BEVERLY DEMEYER 1159 MALABAR RD NE PALM BAY, FL 32907	DIRECTOR 000 0	0	0	0
JOSEPH MARTIN 340 GUS HIPP BLVD ROCKLEDGE, FL 32955	DIRECTOR 000 0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## TY 2007 Gain/Loss from Sale of Other Assets Schedule

Name: SERENE HARBOR INC

EIN: 59-3115093

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
REVERSE OSMOSIS	1999-09	PURCHASE	2008-06			1,000				1,000
PRINTER	1994-01	PURCHASE	2008-06			317				317
PLAYGROUND	1997-03	PURCHASE	2008-06			1,324				1,324
WATER PUMP - GOULD	1999-10	PURCHASE	2008-06			1,070				1,070
DESK - LOBBY	2001-05	PURCHASE	2008-06			266				266
FAX MACHINE	2001-05	PURCHASE	2008-06			264				264
VCR/CAMERA (PART OF SECURITY SYSTEM)	2001-07	PURCHASE	2008-06			611				611
SECURITY SYSTEM	2001-05	PURCHASE	2008-06			4,327				4,327
BUNK BED SET 1	2001-06	PURCHASE	2008-06			412				412
BUNK BED SET 2	2001-06	PURCHASE	2008-06			412				412
BUNK BED SET 3	2001-06	PURCHASE	2008-06			412				412
MURAL	2001-06	PURCHASE	2008-06			440				440
CAMERA FOR SECURITY SYSTEM	2001-05	PURCHASE	2008-06			280				280
GE WASHING MACHINE	2002-05	PURCHASE	2008-06			390				390
FRIGIDAIRE REFRIGERATOR	2003-04	PURCHASE	2008-06			304				304
PHONE SYSTEM	2003-11	PURCHASE	2008-06			3,000			-1,000	2,000
CARPETING	2004-10	PURCHASE	2008-06			1,723				1,723
ALARM	2004-10	PURCHASE	2008-06			1,695				1,695
CARPETING	2004-10	PURCHASE	2008-06			558				558
SEARS ELEC RANGE	2005-01	PURCHASE	2008-06			563			-288	275
SEARS DISHWASHER	2005-03	PURCHASE	2008-06			288			-96	192

**TY 2007 Individual Assistance Schedule**

**Name:** SERENE HARBOR INC

**EIN:** 59-3115093

Class of Activity	Amount
ASSIST VICTIMS OF DOMESTIC VIOLENCE	4,429

**TY 2007 Land etc. Schedule**

**Name:** SERENE HARBOR INC

**EIN:** 59-3115093

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
PROPERTY AND EQUIPMENT	1,136,016	89,224	1,046,792
CONSTRUCTION IN PROGRESS	97,807		97,807
LAND	37,749		37,749



## TY 2007 Mortgages and Notes Payable Schedule

**Name:** SERENE HARBOR INC

**EIN:** 59-3115093

**Total Mortgage Amount:**

<b>Item No.</b>	1
<b>Lender's Name</b>	RIVERSIDE BANK RIVERSIDE BANK
<b>Lender's Title</b>	
<b>Relationship to Insider</b>	NONE
<b>Original Amount of Loan</b>	17957
<b>Balance Due</b>	10461
<b>Date of Note</b>	2005-08
<b>Maturity Date</b>	2011-08
<b>Repayment Terms</b>	309 P&I MONTHLY
<b>Interest Rate</b>	0.0699
<b>Security Provided by Borrower</b>	VEHICLE
<b>Purpose of Loan</b>	PURCHASE VEHICLE
<b>Description of Lender Consideration</b>	
<b>Consideration FMV</b>	

<b>Item No.</b>	2
<b>Lender's Name</b>	COMMUNITY CREDIT UNION COMMUNITY CREDIT UNION
<b>Lender's Title</b>	
<b>Relationship to Insider</b>	NONE - MORTGAGE NOTE PAYABLE
<b>Original Amount of Loan</b>	54411
<b>Balance Due</b>	
<b>Date of Note</b>	2003-12
<b>Maturity Date</b>	2008-12
<b>Repayment Terms</b>	611 P&I MONTHLY
<b>Interest Rate</b>	0.0625
<b>Security Provided by Borrower</b>	REAL ESTATE
<b>Purpose of Loan</b>	PURCHASE REAL ESTATE
<b>Description of Lender Consideration</b>	
<b>Consideration FMV</b>	

<b>Item No.</b>	3
<b>Lender's Name</b>	COMMUNITY CREDIT UNION COMMUNITY CREDIT UNION
<b>Lender's Title</b>	
<b>Relationship to Insider</b>	NONE
<b>Original Amount of Loan</b>	273100
<b>Balance Due</b>	272706
<b>Date of Note</b>	2008-05
<b>Maturity Date</b>	2013-05
<b>Repayment Terms</b>	1760 P&I MONTHLY
<b>Interest Rate</b>	0.0600
<b>Security Provided by Borrower</b>	REAL ESTATE
<b>Purpose of Loan</b>	CONSTRUCT SHELTER BUILDINGS
<b>Description of Lender Consideration</b>	
<b>Consideration FMV</b>	

## TY 2007 Other Assets Schedule

**Name:** SERENE HARBOR INC

**EIN:** 59-3115093

Description	Beginning of Year Amount	End of Year Amount
LOAN COSTS NET OF AMORTIZATION	822	4,842
CERTIFICATE OF DEPOSIT		52,488
DEPOSITS		1,300

## TY 2007 Other Changes in Net Assets Schedule

**Name:** SERENE HARBOR INC

**EIN:** 59-3115093

Description	Amount
DONATED SERVICES AND USE OF FACILITIES	50,137
BOOK / TAX DEPREC DIFFERENCE	-105

**TY 2007 Relationship Schedule****Name:** SERENE HARBOR INC**EIN:** 59-3115093

Person Name / Business Name	Title or Role	Person Name 2 / Business Name 2	Title or Role 2	Relationship
MISCHEL OSTOVICH	BOARD PRES	DAWN OSTOVICH	BOARD MEMBER	PARENT/DAUGHTER

**TY 2007 Special Events Schedule****Name:** SERENE HARBOR INC**EIN:** 59-3115093

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
FOSH GALA 2008	104,055	91,356	12,699	23,432	-10,733
PURSES WITH A PURPOSE	27,391	20,671	6,720	5,968	752
TOTAL	131,446	112,027	19,419	29,400	-9,981

# TY 2007 Other Income Schedule

**Name:** SERENE HARBOR INC

**EIN:** 59-3115093

Description	2006	2005	2004	2003	Total
MISCELLANEOUS	6,856		11,248	1,407	19,511
INSURANCE PROCEEDS		50,305			50,305