

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2010

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning **07/01/10**, and ending **06/30/11**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">SERENITY PLACE</p>		D Employer identification number <p style="text-align: center;">02-0347186</p>
	Doing Business As		E Telephone number
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or country, and ZIP + 4 <p style="text-align: center;">MANCHESTER NH 03105</p>		G Gross receipts \$ 1,109,334

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.SERENTIY-PLACE.ORG** **H(c)** Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1979** **M** State of legal domicile: **NH**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDE SERVICES TO ALCOHOL AND DRUG DEPENDENT USERS IN THE FORM OF SOBRIETY MAINTENANCE AND EVALUATION.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	43
	6 Total number of volunteers (estimate if necessary)	6	12
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	99,079	115,969
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	887,953	968,593
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,257	2,550
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,544	11,308
		995,833	1,098,420
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	720,468	904,207
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 46,814		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	257,891	262,511
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	978,359	1,166,718	
19 Revenue less expenses. Subtract line 18 from line 12	17,474	-68,298	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	753,145	692,256
	22 Net assets or fund balances. Subtract line 21 from line 20	206,383	193,726
	546,762	498,530	

Part II Signature Block

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.

Sign Here Signature of officer: **Natasha Dube** Controller Date: _____
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **David J. Penchansky CPA** Preparer's signature: **David J. Penchansky CPA** Date: **09/12/11** Check if self-employed PTIN: **P00028460**

Firm's name: **Penchansky & Co., PLLC** Firm's EIN: **60-0002539**

Firm's address: **70 Stark St Manchester, NH 03101-1934** Phone no.: **603-647-2400**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No