(Rev January 2020)

Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 16, 2020

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2

9

ů

ഗ

601102

Open to Public Inspection

Α	For	the 20	019 calendar year, or tax year beginning	and	d ending	,		<u> </u>		
В	Check	: ıf	C Name of organization				D Employer iden	tification	on number	
	applic	able	SERENITY FOUNDATION 2019 ENDOWMENT TRUST							
Г	∏Ad	dress ange	C/O FIRST FINANCIAL TRUST AND ASSE			į				
一	Na	me ange	Doing business as				83-6851	857		
7			Number and street (or P.O. box if mail is not delivered to street address)		Room/s	otur	E Telephone num			
_ 									0.4	
_	—Jret ter	urn/ min-	P.O. BOX 701				325-627	- / 0		
	ate Am	d ended	City or town, state or province, country, and ZIP or foreign postal co	de			G Gross receipts \$		1,036,456.	
늗	ret	urn	ABILENE, TX 79604			\dashv	H(a) Is this a group			
L	Ap tio	nding	F Name and address of principal officer		0	\vdash	for subordina	tes?	Yes X No	
_			SAME AS C ABOVE		12		H(b) Are all subordinate	s include	ed? Wes Wo	
	Tax-	exem	ot status X 501(c)(3) 501(c)() ((insert no.) 494	7(a)(1)	<u> المرا</u>	<i>8</i> 27	If "No," attach	a list	(see instructions)	
J	Web	site:	► N/A	_			H(c) Group exemp	1	_	
			ganization: Corporation X Trust Association Other	·	LY	<u>Year o</u>	of formation: 2019	M Sta	ate of legal domicile: ${f T}{f X}$	
P	<u>art</u>		ummary							
ą.	1	Bri	efly describe the organization's mission or most significant activities $$	UÈF	PORT	FO	R SERENITY	FO	UNDATION	
Governance		<u>O</u> I	F TEXAS, A PUBLIC CHARITY							
ű	2	Ch	eck this box $lacktriangle$ $lacktriangle$ if the organization discontinued its operations of	r dispo	osed of r	nore	than 25% of its net	assets	\$	
Š	3	Nu	mber of voting members of the governing body (Part VI, line 1a)					3	0	
		Nu	mber of independent voting members of the governing body (Part VI, Iir	ne 1b)				4	0	
ŝ	5	Tot	tal number of individuals employed in calendar year 2019 (Part V, line 2	a)				5	0	
ŧ	6		al number of volunteers (estimate if necessary)	•			Ī,	6	0	
Activities &	7		tal unrelated business revenue from Part VIII, column (C), line 12					a	0.	
Þ			t unrelated business taxable income from Form 990-T, line 39				_	<u>ъ</u>	0.	
	1	<u> </u>			Mikory		Prior Year		Current Year	
_	8	Co	ntributions and grants (Part VIII, line 1h)	_	Receive	٦.		_	1,000,000.	
Revenue	9		ogram service revenue (Part VIII, line 2g)	•	• • • • • • • • • • • • • • • • • • • •				0.	
Ϋ́	1 40		<u> </u>			<u> </u>	30 <u>8</u>	+	16,987.	
æ			estment income (Part VIII, column (A), lines 3, 4, and 7d)		NC	W 3	3 0 2020	+	10,987.	
	11		ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	40)	IIIC	· • •	<u> </u>			
	12		tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), lin	e 12)		1			1,016,987.	
	13		ants and similar amounts paid (Part IX, column (A), lines 1-3)		``_	~~	- 1 IT		18,750.	
	14		nefits paid to or for members (Part IX, column (A), line 4)			gue	en, UT	-	0.	
es	15	Sal	aries, other compensation, employee benefits (Part IX, column (A), lines	5-10))	<u> </u>		_	5,916.	
Expenses	16	a Pro	ofessional fundraising fees (Part IX, column (A), line 11e)		_	<u> </u>			0.	
Ž	·	b Tot	al fundraising expenses (Part IX, column (D), line 25)		0.					
Ш	17	Oth	ner expenses (Part IX, column (A), lines 11a-11d, 11f-24e)						215.	
	18	Tot	al expenses Add lines 13-17 (must equal Part IX, column (A), line 25)						24,881.	
	19	Re	venue less expenses. Subtract line 18 from line 12			<u> </u>			992,106.	
Net Assets or	3					Beg	inning of Current Yea	r	End of Year	
sets	20	Tot	al assets (Part X, line 16)						992,106.	
AAS	21	Tot	al liabilities (Part X, line 26)						0.	
훒	22		t assets or fund balances. Subtract line 21 from line 20						992,106.	
$\overline{}$	art	ii S	Signature Block							
Und	der pe	enalties	s of perjury, I declare that I have examined this return, including accompanying si	chedul	les and sta	ateme	nts, and to the best of	my kno	owledge and belief, it is	
	•		nd complete Declaration of preparer (other than officer) is based on all information					-	,	
			· · · · · · · · · · · · · · · · · · ·							
Sig	ın		Signature of officer First Financial Trust &	Asset N	Managemei	nt Co.,	N.A. Date			
He			TRUST ADMINISTRATOR	Z	آهي		U.1	3.71)	
	. •		Type or print name and title							
		Pr	int/Type preparer's name Preparer's signature		100	Di	Check		PTIN	
Pai	d	4	AYE DAVIS, CPA	w)(M	10	13/000 If self-emp	loved 1	P00277460	
	pare		m's name CONDLEY AND COMPANY, IL.P.						-1056027	
	Only	· ·	m's address P. O. BOX 2993				111113 2114			
Ų 3 C		` '"	ABILENE, TX 79604-2993				Phone no (3 2 に) 677-6251	
A.A.	v +h -	LIPS :					TEHOREHO (J 4 J		
ivia	y une	: INO (discuss this return with the preparer shown above? (see instructions)						X Yes No	

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2019)

SERENITY FOUNDATION 2019 ENDOWMENT TRUST C/O FIRST FINANCIAL TRUST AND ASSET MGMT

-6851857

Part IV Checklist of Required Schedules

			res	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?	_2_	X	
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		_^_
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
·	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,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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		<u>X</u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>X</u>
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		<u> X</u>
12a		40-		v
	Schedule D, Parts XI and XII	12a		<u>X</u>
D	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,	ı-ta		
	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		х
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		<u>x</u> _
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	17		<u>X</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		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"]	I	
	complete Schedule G, Part III	19		<u> </u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
32003	01-20-20	Form	990 (2019)

	1990 (2019) C/O FIRST FINANCIAL TRUST AND ASSET MGMT 83-685	<u> 1857</u>	P	age 4
Pa	rt IV Checklist of Required Schedules (continued)		ı 	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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	ŀ		
	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		İ	
	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		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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5	İ	
	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			ĺ
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	056		х
06	Schedule L, Part I	25b	 -	
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	i		
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20_		^
27	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 Schedule L, Part IV			
20	instructions, for applicable filing thresholds, conditions, and exceptions)			
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a	"Yes," complete Schedule L, Part IV	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash 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			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
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		Х
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		Х
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 in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Paı				
	Check if Schedule O contains a response or note to any line in this Part V	 ,		Ш
	1 1 -		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0	٦ ١		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	ļ		

932004 01-20-20

(gambling) winnings to prize winners?

Form 990 (2019)

C/O FIRST FINANCIAL TRUST AND ASSET MGMT 83-6851857 Page 5 Part 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, 0 filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **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 Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Х a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7с d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a 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 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c Х 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16

Form **990** (2019)

If "Yes," complete Form 4720, Schedule O

Form 990 (2019)

C/O FIRST FINANCIAL TRUST AND ASSET MGMT

83-6851857

Page 6

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 Schedule O contains a response or note to any 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 1a 0	<u> </u>						
	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.							
b	Enter the number of voting members included on line 1a, above, who are independent 1b							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?	3		X				
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		_X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990							
12a								
b								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	ın Schedule O how this was done	12c						
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 approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a		X				
b	Other officers or key employees of the organization	15b		X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ► NONE							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only) availa	able				
	for public inspection. Indicate how you made these available. Check all that apply							
	Own website Another's website Upon request X Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	icial					
	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 books and records							
	FIRST FINANCIAL TRUST & ASSET MGMT - 325-627-7000							
	P.O. BOX 701, ABILENE, TX 79604							

Form 990 (2019) C/O FIRST FINANCIAL TRUST AND ASSET MGMT 83-6851857 Page

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII
--

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above

(A)	(B)		organization compensa (C)					(D)	(E)	(F)	
Name and title	Average	(do	Pos		Position eck more than one		one	Reportable	Reportable	Estimated	
	hours per	box	ox, unless persor fficer and a direct			on is both an		compensation	compensation	amount of	
	week		cer an	d a d	irecto	or/trus	tee)	from	from related	other	
	(list any	흥	i			1		the	organizations	compensation	
	hours for	Ĕ				B		organization	(W-2/1099-MISC)	from the	
	related	eg eg	ste			200		(W-2/1099-MISC)		organizatio	
	organizations	ş	를		yee	Ē				and related	
	below	쿌	흌	_	Ē	esto	e.			organization	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
1) FIRST FINANCIAL TRUST AND ASSET	1.00										
RUSTEE			X					5,916.	0.		
	,				_						
					İ						
		-			-						
					· ·						
						ļ					
		ļ									
							-				
		ĺ									
	ļ										
						H					
-			\Box					_		-	
						ıl					

Form 990 (2019)

rm 990 (2019) C/O FIRST FINANCIAL TRUST AND ASSET MGMT

83-6851857

Page 8

	(A) Name and title	(B) Average		oloyees, and Highest ((C) Position					(D) Reportable	(E) Reportable		E	ed	
		hours per week (list any hours for related organizations below line)	stee or director	(do not check more than o box, unless person is both officer and a director/trust			is bot or/trus	h an stee)	compensation from the	compensation compensation from from relate organization (W-2/1099-M		com fi org an	nount other opensa- rom the anizated related	ation ie tion ted
			_											
1b Subto	rtal from continuation sheets to Part V	II. Section A						▶	5,916.	-	0.	-		0.
d Total	(add lines 1b and 1c)		ose	liste	ed al	hove		► no re	5,916.	.000 of reportab	0.			0.
	ensation from the organization									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Yes	No
	e organization list any former officer		ee, l	кеу б	empl	loye	e, or	hıg	hest compensated emp	loyee on		3		x
4 For an	y individual listed on line 1a, is the selated organizations greater than \$15	um of reportab								the organization	1	4		x
5 Did an	y person listed on line 1a receive or	accrue comper	nsat	ion f	rom	any	unr			dual for services		<u>.</u> 5	-	х
Section B.	red to the organization? If "Yes," con Independent Contractors										1			
-	lete this table for your five highest co ganization Report compensation for										npensa			
	(A) Name and business	address	NO	ONE	3				(B) Description of s	ervices	С	ompe	c) nsatio	n
						•								
	number of independent contractors (_	ot lır	mite	d to	tho:	_	sted	above) who received m	ore than				,
Ψ100,0	see of compensation from the organ	zauon 🚩							-			Form	990 (2	2019)

Page 9

0 035 0	35 *65	Check if Schedule O contains a response	or note to any li	ne in this Part VIII			
		Officer in Ochiedule O Contains a response	sof note to any in	(A) Total revenue	Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	All other contributions, gifts, grants, and similar amounts not included above	,000,000.	1,000,000.			
Program Service Revenue	2 a b c d	,	Business Code				
	3 4 5	Investment income (including dividends, interother similar amounts) Income from investment of tax-exempt bond Royalties	rest, and	17,422.	, ,	**************************************	17,422.
		(i) Real	(II) Personal				
	7 a	Gross amount from sales of assets other than inventory Less: cost or other basis (i) Securities 19,034					
her Revenue	d	and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraising events (not		-435.			-435.
Oth	b	including \$ of contributions reported on line 1c) See Part IV, line 18					
	с 9 а	Net income or (loss) from fundraising events Gross income from gaming activities See Part IV, line 19 Less: direct expenses	>				
	b	Gross sales of inventory, less returns and allowances Less cost of goods sold 10:					
Miscellaneous Revenue	11 a b		Business Code				
Misce		All other revenue Total. Add lines 11a-11d Total revenue See instructions	·	1,016,987.			16,987.

932009 01-20-20

Form 990 (2019)

Form 990 (2019)

C/O FIRST FINANCIAL TRUST AND ASSET MGMT

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organi	zations must complete all columns	All other organizations	must complete column (A)

	Check if Schedule O contains a respon	nse or note to any line in	this Part IX	•	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and " general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	* ,		WARD AND ANY ARREST LANGUAGE BAR KENNAMEN AND AND AND AND AND AND AND AND AND AN	STREET, STATE OF STAT
	and domestic governments. See Part IV, line 21	18,750.	18,750.	THE THIRD NUMBER OF THE TAXABLE TO THE TAXABLE TO THE TAXABLE TO THE TAXABLE TO THE TAXABLE TO THE TAXABLE TO THE TAXABLE TO THE TAXABLE TAXAB	
2	Grants and other assistance to domestic	. ,	<u> </u>		
	individuals See Part IV, line 22	., ,	-		
3	Grants and other assistance to foreign	3-11-	***	CHARLES INDICATE AND AND AND AND AND AND AND AND AND AND	
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4.	Benefits paid to or for members	,		\$ 387,882,882,828,828,828,928,888,888,888,888	######################################
5	Compensation of current officers, directors,			•	
	trustees, and key employees	5,916.		5,916.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		-		
7	Other salaries and wages	•			
8	Pension plan accruals and contributions (include		_		
	section 401(k) and 403(b) employer contributions)			***************************************	
9	Other employee benefits			• •	
10	Payroll taxes				†
11	Fees for services (nonemployees).				+
. а	Management				
b	Legal , ,				
С	Accounting			1	
	Lobbying		-,7,5,000000.002.0000.000000000000000000000	1/b000000000 000000000000000000000000000	
-e	Professional fundraising services. See Part IV, line 17				<u>-</u>
f	Investment management fees				•
g	Other (If line 11g amount exceeds 10% of line 25,				,
	column (A) amount, list line 11g expenses on Sch O.)	•			
12	Advertising and promotion				<u> </u>
13	Office expenses	•			
14	Information technology	· -			
15	Royalties			,	
16	Occupancy				· · · · · · · · · · · · · · · · · · ·
17	Travel				
18	Payments of travel or entertainment expenses		•		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings Interest	200000000000000000000000000000000000000			
20 21	Payments to affiliates			1	
22	Depreciation, depletion, and amortization		4		
23	Insurance				w-±11
23 24	Other expenses. Itemize expenses not covered	APARTA PARAMETER AND STREET AND S	LANGUIT, MICHARDAGA ANGALARAN ANGARAN	CENTRAL PROPERTY AND LOSS OF THE PROPERTY OF T	
24	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A)				
	amount, list line 24e expenses on Schedule 0.)		13301635613514338858867898888461787888		HERTHER SERVING STREET, SAN THE SERVING STREET, SAN TH
а	FOREIGN TAXES	215.		215.	
b				*	
C	1.				-
ď	All other eveness				
	All other expenses Total functional expenses. Add lines 1 through 24e	24,881.	18,750.	6,131.	0.
<u>25</u> 26	Joint costs Complete this line only if the organization	24,001·	10,730.	0,131.	<u> </u>
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.			- 1	
	Check here figures of following SOP 98-2 (ASC 958-720)				
	F			·	

Form **990** (2019)

83-6851857 Page 10

C/O FIRST FINANCIAL TRUST AND ASSET MGMT

Form 990 (2019) Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing 1 6,339 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Assets 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c 985,109. 11 Investments - publicly traded securities 11 12 Investments - other securities | See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets Other assets See Part IV, line 11 15 15 0 992,106 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 Deferred revenue 19 19 20 Tax-exempt bond liabilities ... 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other 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 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. **27** ' Net assets without donor restrictions Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here

X and complete lines 29 through 33. 0 29 Capital stock or trust principal, or current funds 29 0. 30 0. 30 Paid-in or capital surplus, or land, building, or equipment fund 0. 992,106. 31 Retained earnings, endowment, accumulated income, or other funds 31 992,106. 0 32 Total net assets or fund balances 32 992,106. Total liabilities and net assets/fund balances

Form **990** (2019)

83-6851857 Page 11

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

X

2c

За

Act and OMB Circular A-133?

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

2019

Open to Public Inspection

Name of the organization SER	ENITY FOUND	ATION 2019 F	NDOWN	ENT I	RUST	Employer	identification number
		NCIAL TRUST					3-6851857
Part I Reason for Public	Charity Status (All organizations must c	omplete th	ns part) S	ee instruction	s	
The organization is not a private four	idation because it is	(For lines 1 through 12, o	check only	one box)			16
1 A church, convention of c	hurches, or association	on of churches describe	d in sectio	on 170(b)(1)(A)(i).		
2 A school described in sec	tion 170(b)(1)(A)(ii). ((Attach Schedule E (Forr	n 990 or 9	90-EZ))			
3 A hospital or a cooperativ	e hospital service org	anization described in s	ection 170	D(b)(1)(A)(i	ii).		
4 A medical research organ	ization operated in co	njunction with a hospita	l describe	d in sectio	on 170(b)(1)(A)(ıii). Enter	the hospital's name,
city, and state							
5 An organization operated	for the benefit of a co	ollege or university owne	d or opera	ited by a g	overnmental (ınıt describ	oed in
section 170(b)(1)(A)(iv).	(Complete Part II)						
6 A federal, state, or local g	overnment or governr	mental unit described in	section 1	70(b)(1)(A))(v).		
7 An organization that norm	ally receives a substa	antial part of its support	from a gov	ernmenta/	lunit or from t	he general	public described in
section 170(b)(1)(A)(vi). (Complete Part II)						
8 A community trust descrit	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9 An agricultural research o	rganization described	In section 170(b)(1)(A)	(ix) operat	ed in conji	unction with a	land-grant	college
or university or a non-land	-						
university						_	
10 An organization that norm	ally receives (1) more	than 33 1/3% of its sur	port from	contributi	ons, members	ship fees, a	nd gross receipts from
activities related to its exe							=
income and unrelated bus							
See section 509(a)(2). (Co		,		•	,	•	
11 An organization organized	•	avely to test for public sa	afety See	section 50	09(a)(4).		
12 X An organization organized	•	•	•			arry out the	purposes of one or
more publicly supported of	•	•	•			-	• •
lines 12a through 12d tha	•						
a Type I. A supporting org	• •			•		-	aivina
the supported organizat	•	•	•				
organization You must							3
b Type II. A supporting or	•		tion with it	ts support	ed organizatio	n(s), by ha	vina
control or management							
organization(s) You mu						3	
c Type III functionally int	•		in connec	tion with	and functiona	lly integrate	ed with
its supported organization	-					.,og.u.	50 ,
d X Type III non-functional	* * *	•	-		-	ted organi	zation(s)
that is not functionally in	• •					-	•
requirement (see instruc	-	= -	-		•	a an attorn	14011033
e Check this box if the org						II Type III	
functionally integrated, of					i type i, type	ii, Type iii	
f Enter the number of supported	,,	many integrated support	ing Organi	Lation			1
g Provide the following information	•	ad organization(s)					<u> </u>
(i) Name of supported	(ii) EIN	(III) Type of organization	(iv) is the orga	anizabon tisted ing document?	(v) Amount of	monetary	(vi) Amount of other
organization		(described on lines 1-10	Yes	No.	support (see ır	structions)	support (see instructions)
SERENITY FOUNDATION	J	above (see instructions))	100				
OF TEXAS	75-1571205	3	x		1.9	,750.	
OF TEXAS	73 13/1203	<u> </u>			10	, 130.	
<u></u>							
\							
Total					1 0	750.	0.

Schedule A (Form 990 or 990-EZ) 2019 C/O FIRST FINANCIAL TRUST AND ASSET MGMT83-6851857 Page 2 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) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017(d) 2018 (e) 2019 (f)/Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 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) 6 Public support. Subtract line 5 from line Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017(d) 2018 (e) 2019 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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) 11 Total support. Add lines 7 through 10 Example 10 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f)/divided by line 11, column (f)/ 14 15 Public support percentage from 2018 Schedule A, Fart II, line 14 15 % 16a 33 1/3% support test - 2019. If the organization, did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances"/test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2019

SERENITY FOUNDATION 2019 ENDOWMENT TRUST Schedule A (Form 990 or 990-EZ) 2019 C/O FIRST FINANCIAL TRUST AND ASSET MGMT83-6851857 Page 3 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) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization'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 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 9 Amounts from line 6 10a 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 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 15 % Public support percentage from 2018 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 29/19 (line 10c, column (f), divided by line 13, column (f)) % 17 Investment income percentage from 2018 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 20/8. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33/1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2019

932023 09-25-19

Schedule A (Form 990 or 990-EZ) 2019 C/O FIRST FINANCIAL TRUST AND ASSET MGMT83-6851857 Page 4

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	162	INO "1.
1, 21	, *	,,1,
. ;	l ''.	l ' ,
	X	•
1	<u> </u>	<u> </u>
,		
		1
	MPA	v
2	1	Α.
3a		x
,		
		, ,
	140	1,
3h		
3b	-	·
و فالمثن	*	
3c		
•		
4a		x
		^
10		Ι,
	·	·
	i '	
4b	<u> </u>	
	-	٠,
٠,	, ,	١,
		. :
4c		
,		ļ
a a	,	•
•		
	-	37
5a		
`'		1
5b		
		-
_5c		
· · · · · · · · · · · · · · · · · · ·	ř.,	
•	'	. ′
		,
6		X
	•	,
		•
7		X
.		
-		1
8		<u>X</u>
	. 1 . 2	, _ ·
		- 1
		; ;
9a		<u>X</u>
. · · · · · ·	, *	
,	· · · ·	v
9b		_X_,
,	_	• • • ·
9c		·Х.
90		-22
,	ر و	
-1		í
100	¥	
10a		
		, ÷. ÷
10b		X

Yes No

	edule A (Form 990 or 990 EZ) 2019 C/O FIRST FINANCIAL TRUST AND ASSET MGMT83-6	<u>85185</u>	7 P	age 5
,Pa	rt IV Supporting Organizations (continued)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	T
11	Has the organization accepted a gift or contribution from any of the following persons?	. ·	Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1.	* ;;	
u	below, the governing body of a supported organization?	11a	_ ``	X
b	A family member of a person described in (a) above?	11b		X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		Х
	tion B. Type I Supporting Organizations			•
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	-		1
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		,*	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1	, .	
	controlled the organization's activities. If the organization had more than one supported organization,	1	٠,	ļ , ;
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	,	· -	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			-
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,		~ ´	í
500	supervised, or controlled the supporting organization.	2	<u> </u>	L
Sec	tion C. Type II Supporting Organizations			T N =
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	. 4	,	' '
	or management of the supporting organization was vested in the same persons that controlled or managed	,		
	the supported organization(s)	1 1		
Sec	tion 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	*		1,
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		X
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		`	ι,
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	X	-
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's		1	:
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	\ \ \ \	i	.
Sec	supported organizations played in this regard tion E. Type III Functionally Integrated Supporting Organizations	3		X
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions			
' a	The organization satisfied the Activities Test. Complete line 2 below.	s j.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see in	structions	;)	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	. *		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		` .	1
	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			, H
	that these activities constituted substantially all of its activities	2a		<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		• •	` {
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		- 、1	, , , , , , , , , , , , , , , , , , ,
	reasons for the organization's position that its supported organization(s) would have engaged in these		· - ,	, 1
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	'		*
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		."	• • •
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2019 C/O FIRST FINANCIAL TRUST AND ASSET MGMT83-6851857 Page 6

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting experience must complete Sections A through E

	other Type III non-functionally integrated supporting organizations must co	omplete	Sections A through E	
Sec	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1	0.	0.
_2	Recoveries of prior-year distributions	2	0.	0.
3	Other gross income (see instructions)	3	0.	0.
4	Add lines 1 through 3	4	0.	0.
5	Depreciation and depletion	5	0.	0.
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or		İ	
	maintenance of property held for production of income (see instructions)	6	0.	0.
7	Other expenses (see instructions)	7	0.	0.
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0.	0.
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	75 (PRO 20)		######################################
	instructions for short tax year or assets held for part of year)	(1724) (1724) (1724) (1724)		
а	Average monthly value of securities	1a	0.	0.
b	Average monthly cash balances	1b	0.	0.
С	Fair market value of other non-exempt-use assets	1c	0.	0.
d	Total (add lines 1a, 1b, and 1c)	1d	0.	0.
е	Discount claimed for blockage or other	12122		
	factors (explain in detail in Part VI)	Register.	TANAMAN BANKA AND MAKAMAN WANG AND AND AND AND AND AND AND AND AND AND	SERVICE OF THE PROPERTY OF THE
2	Acquisition indebtedness applicable to non-exempt-use assets	2	0.	0.
3	Subtract line 2 from line 1d	3	0.	0.
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4	0.	. 0.
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0.	0.
6	Multiply line 5 by 035	6	0.	0.
7	Recoveries of prior-year distributions	7	0.	0.
8	Minimum Asset Amount (add line 7 to line 6)	8	0.	. 0.
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		0.
2	Enter 85% of line 1	2		0.
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0.
4	Enter greater of line 2 or line 3	4		0.
5	Income tax imposed in prior year	5	NATA PROVENCE PROVENCE PROVENCE PROVENCE PROVENCE PROVINCE 0.	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	<u> </u>	ARRAY BAN ARAKTANAKAN PRANTISAN ARABANAKAN ARA	
-	emergency temporary reduction (see instructions)	6	PRESCRIPTION OF THE PROPERTY O	0.
7	X Check here if the current year is the organization's first as a non-functional	ly integr	ated Type III supporting orga	

Schedule A (Form 990 or 990-EZ) 2019

instructions)

Schedule A (Form 990 or 990 EZ) 2019 C/O FIRST FINANCIAL TRUST AND ASSET MGMT83-6851857 Page 7

Section D - Distributions	09(a)(3) Supporting Orga		Current Year
Amounts paid to supported organizations to accomplish	evernot nurnoses	· · · · · · · · · · · · · · · · · · ·	18,750
			10,730
2 Amounts paid to perform activity that directly furthers excorganizations, in excess of income from activity	autr barboses or subborred		1
	poses of supported organization		.
Administrative expenses paid to accomplish exempt purp	loses of supported organization	5	-
4 Amounts paid to acquire exempt-use assets		.	
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI) See instructions			18,750
7 Total annual distributions. Add lines 1 through 6	- ' '		10,730
Distributions to attentive supported organizations to which (arguide details in Post VI) Considerations.	n the organization is responsive	,	10 750
(provide details in Part VI). See instructions			18,750
9 Distributable amount for 2019 from Section C, line 6			*
10 Line 8 amount divided by line 9 amount	<i>(</i>)	<i>**</i> 3	··
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
Distributable amount for 2019 from Section C, line 6	THE RESTRICTION OF THE PROPERTY OF THE PROPERT		
2 Underdistributions, if any, for years prior to 2019 (reason-	ARTHRONOLOGICA KAMBA MALAGINENTARA TANANAN TAN	NEW-T NO NEURONANDE MENDRAN, MENDRAN, VERTANDA (A TERRESTADA)	######################################
able cause required explain in Part VI) See instructions	TILOGE SENSONAL RESERVE SENSONAL SENSON		A SECURE OF THE
3 Excess distributions carryover, if any, to 2019	ARTHUR SPAN AND ARTHUR STATE AND ARTHUR SPAN A	ANNORMANIA PERMANANANANANANANANANANANANANANANANANANAN	PARAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMA
a From 2014			PATPARET STATE OF THE STATE OF
b From 2015	GOOT ON TALLESS PARAMETERS AND BROADS PARAMETERS AND AND AND AND AND AND AND AND AND AND	1221430214713001479142143222402204004004 12214324424143714884143254324324324324324	######################################
c From 2016	######################################	188845_85368853983733733573853386599568888888669586969 188845_8536885398373357385338858888888668888888888888888	erriegaring "Priming — Tribung ber 1912 her Resigning "Priming State Tribung ber 1912 her
d From 2017	Google - Frank Mandar Bunganah Kantangar Turkanahan Boomerahan menantangan pada mandak Mistandaran Google - Frank Mandar Bunganah Kantandaran Bandaran	(Managara Jahana da managaran mangar kanagaran dangaran dangar kanagaran dangar	PRINCE SERVICE SERVICES SERVIC
c From 2018	trail of a production of the control	NAN CENTANA NAN TANAN MANATAKAN MANA	mining mining to the contract of the pro-
f Total of lines 3a through e	a i hermili, i	parageteration of the contract	######################################
g Applied to underdistributions of prior years	\$	**************************************	pp. 19888888822
h 'Applied to 2019 distributable amount	Endungherenen graf gragnen en gangenen generatien Lightungs.	ikasturau-abbanikasika abilikadi kabbanturu terbihatifi	LANSAURANDEN SELENDEN
i Carryover from 2014 not applied (see instructions)	**************************************	\$35,0,200,000,000,000,000,000,000,000,000,	######################################
		CHARMAN IN THE REAL REAL MANAGERS AND THE PARK HER BERNELS AND THE PARK THE	HIMPPOPER PAGE TO ARTHUR THE THE RECORD OF THE RESERVE TO THE RESERVE THE RESERVE THE THE RESERVE THE THE THE RESERVE THE THE RESERVE THE THE RESERVE THE THE THE RESERVE THE THE THE RESERVE THE THE THE RESERVE THE THE THE RESERVE THE THE THE RESERVE THE THE THE RESERVE THE THE THE RESERVE THE THE THE RESERVE THE THE THE RESERVE THE THE THE RESERVE THE THE RESERVE THE THE RESERVE THE RESE
j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2019 from Section D,	86387862882868888888888666668898647865874868886	.285888838888888888888888888888888888888	ger größeggegelfregener angent-gegest of chartegrafie. Ber größeggegelfregener angent-gegest of chartegrafie oon in
4 Distributions for 2019 from Section D, line 7 \$ 18,750	1 10 10 10 10 10 10 10 10 10 10 10 10 10		
	- 24516126375050765817628174.75~46551665541512147677 36656523677567487676767676777763656451747666	*#\$}*\$BBK###\$}#\$#\$##\$\$##\$\$\$##\$?#################	##**##################################
a Applied to underdistributions of prior years	italias, viziteles inicabilistationis inicabilista in inicabil	######################################	HERE OF THE PROPERTY OF THE PERSON OF THE PE
b Applied to 2019 distributable amount	18,750.	1984 11-144 1294 1294 12-140 120 1299 140 1399 140 1899 140 1899 140 1899 140 1899 140 1899 140 1899 140 1899 140 1899 140 1899 140 1899 140 1899 140 1899 140 1899 140 1899 140 1899 140 1899 140 1899 140 140 140 140 140 140 140 140	88888x3848x8888888888833883.288xxxxxxxxxxxx
c Remainder Subtract lines 4a and 4b from 4.		16648F7164516C_ec9451.3c07c429836F9924922428524884	ässässääääääääääääääääääääääääääääääää
5 Remaining underdistributions for years prior to 2019, if	STATE OF THE STATE		
any Subtract lines 3g and 4a from line 2. For result greate	J PROCESS SERVING TOWNS TO THE TOWN TO THE TOWN		
than zero, explain in Part VI. See instructions	CARRARI CORRESERVADA PARA CORRESERVADA CON CARRARIA CORRESERVADA CON CARRARIA CORRESERVADA CON CARRARIA CORRESERVADA CON CARRARIA CARRARIA		#:\}}##################################
6 Remaining underdistributions for 2019 Subtract lines 3h	TANCHER JARKAN RESPONDENCE LANGUAGA ANALEST LERE TREASE AND LEVEL RESPONDENCE LANGUAGE SERVICE PROPERTY L TREASE AND LEVEL TO A ROLL OF THE SERVICE PROPERTY L TREASE AND LEVEL TO A ROLL OF THE SERVICE PROPERTY LANGUAGE PROPERTY LANGUAGE PROPERTY AND LANGUAGE PROPE		
and 4b from line 1. For result greater than zero, explain in	PICKERUL MIRANGETERKKEN AN ANANYAMA (ANA AMERIKAN IAN AMERIKAN AWARAN BALAMPAN YAKEAN) YAKE AMERIKAN TERHATIKAN AMERIKAN AMERIKAN AMERIKAN AMERIKAN AMERIKAN AMERIKAN	ATTACHTIM TRANSPARANTANIA JAMAHAN HAPPINANIA JAMAHAN HAPPINANIA JAMAHAN HARI JAMAHA	
Part VI See instructions	ERE CIERROS AL PROCESSES LENGES ESCALATERES (221)	"88871583(4588178318891*105884(4573218)8888.311886(8) 88881817180084883350874*8846756888838888	
7 Excess distributions carryover to 2020. Add lines 3j	10 750		
and 4c	18,750.		xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
8 Breakdown of line 7	POTO 1	Ministo Antoniño na comina a nocima a calafori, entratoria in La agrizagaga estigada establica para para establista entratoria establista.	
a Excess from 2015	buton 'y, yetoto jejetotoja japonykannagarar maja (''''' i jejetotoja jejetotoja japonykannagarar maja (''''' i jejetotoja jejetotoja japonykannagarar maja ('''''' i jejetotoja jejetotoja jejetotoja jejetotoja jejetot	AZERBERA ERROCHELEREGORI DALS INARA TORRO DES L'ARERGES.	vá kuryandálas szerenniszán ak ákya sánapát karthá hállatónatálálat aktörn török ak i degyák köznábát aktólátál
b Excess from 2016	PECE GENTTERISCHARRENTER GERARRENTAREN BORRET BERRET	######################################	ONDO STANDARDI MUNTEPOLITATA (VILVA) (VILVA) PARENTE PARENTE (VILVA) (VILVA) PARENTE POLITA (VILVA) (VILVA) (VI
c Excess from 2017	C. 1985 F. SPICE SPICE, AND PROPERTY STANDARD, ME PROPERTY SPICE S		######################################
d Excess from 2018	A PROPERTY OF THE PROPERTY OF		#53#\$#5#\$#\$######\$#\$#\$#\$#\$#\$###########
e Excess from 2019 18,750.			eranendarianen (zura 1200) Benneralariaren (zura 1200)

Schedule A (Form 990 or 990-EZ) 2019

Part VI	Suppose Part I's line 1, Section	plement V, Section Part IV, S	al Inforr A, lines 1, ection D, li 5, 6, and 8	nation. Provid 2, 3b, 3c, 4b, 4d nes 2 and 3, Pa	de the explanation: c, 5a, 6, 9a, 9b, 9c irt IV, Section E, lin	s required by Part II, , 11a, 11b, and 11c, les 1c, 2a, 2b, 3a, ar	Inne 10, Part II, line 17a or 17 Part IV, Section B, lines 1 ard 3b, Part V, line 1, Part V, Ste this part for any additional	7b, Parnd 2, Fection	rt III, line 12, Part IV, Section C, n B, line 1e, Part V,
PART	IV, S	SECTIO	ON D,	LINE 2					
THE S	UPPOI	RTING	ORGAN	NIZATION	PROVIDES	QUARTERLY	DISTRIBUTIONS	то	THE
SUPPO	RTED	ORGAI	NIZATI	ON.					
					**			•	
					·*	···	-		
		···	 -						
		·							
									
-									
			· · · ·						
							,		
	_								
								_	
							_		13.31.
		. =							
			_						
									

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on F

▼ Attach to Form 99

ו נוום סווונפת פושונים	orm 990, Part IV, line 21 or 22.	
	orm 990, Pa	9

Open to Public OMB No 1545-0047

Employer identification number Š 83-6851857 Inspection X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Go to www.irs.gov/Form990 for the latest information. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 2019 ENDOWMENT TRUST TRUST AND ASSET MGMT recipient that received more than \$5,000. Part II can be duplicated if additional space is needed SERENITY FOUNDATION C/O FIRST FINANCIAL General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Part I Part II

Schedule I (Form 990) (2019)					ons for Form 990.	, see the Instructi	LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
					table	s listed in the line	3 Enter total number of other organizations listed in the line 1 table
1.				listed in the line 1 table		nd government or	2 Enter total number of section 501(c)(3) and government organizations
OPERATIONS			*0	18,750.	501(C)(3)	75-1571205	SERENITY FOUNDATION OF TEXAS 1546 N 2ND ABILENE, TX 79601
(h) Purpose of grant or assistance	(g) Description of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(e) Amount of non-cash assistance	(d) Amount of cash grant	(c) IRC section (if applicable)	(b) EIN	1 (a) Name and address of organization or government

932101 10-26-19

Schedule I (Form 990) (2019)

C/O FIRST FINANCIAL TRUST AND ASSET MGMT

Schedule I (Form 990) (2019)

Part III

Page 2

83-6851857

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.

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

	•		

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

27

932102 10-26-19

Schedule I (Form 990) (2019)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

SERENITY FOUNDATION 2019 ENDOWMENT TRUST **Employer identification number** C/O FIRST FINANCIAL TRUST AND ASSET MGMT 83-6851857

FORM 990, PART VI, SECTION B, LINE 11B: TRUST OFFICER REVIEWS FORM 990 BEFORE FILING. FORM 990, PART VI, SECTION B, LINE 15: THE TRUSTEE RECEIVES COMPENSATION EACH YEAR IN ACCORDANCE WITH ITS THEN-CURRENT PUBLISHED SCHEDULE OF FEES FOR TRUSTS OF SIMILAR CHARACTER, PURPOSE AND SIZE (VALUE). FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION DOES NOT MAKE THESE DOCUMENTS AVAILABLE TO PUBLIC.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2019) \mathcal{M}

932211 09-06-19

SCHEDULE R (Form 990)

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

2019

OMB No 1545-0047

Open to Public Inspection

Employer identification number 83-6851857 SERENITY FOUNDATION 2019 ENDOWMENT TRUST C/O FIRST FINANCIAL TRUST AND ASSET MGMT Name of the organization Department of the Treasury Internal Revenue Service

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33

Part

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) The End-of-year assets		(f) Direct controlling entity
							
							•
Part II	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year	tions. Complete if the organization	answered "Yes" on Form 990	 Part IV, line 34, b	l secause it had one	or more related tax-exe	empt
	(a)	(q)	(0)	(p)	(e)	£	(6)
	Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13) controlled

990) 2019	Form (Schedule R (Form 990) 2019				is for Form 990.	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
×			LINE 3	501(C)(3)	TEXAS	SUPPORT SERENITY HOUSE	75-1571205, 1546 N 2ND, ABILENE, TX 79601 SUPPORT SERENITY HOUSE
	_						SERENITY HOUSE FOUNDATION OF TEXAS -
ž	Yes		501(c)(3))				
entity?		entity	status (if section	section	foreign country)		of related organization
controlled	8	Direct controlling	_	Exempt Code	Legal domicile (state or	Primary activity	Name, address, and EIN

SERENITY FOUNDATION 2019 ENDOWMENT TRUST C/O FIRST FINANCIAL TRUST AND ASSET MGMT

Schedule R (Form 990) 2019

83-6851857

Page 2

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year Part III

General or Percentage managing ownership						1
(j) neral or F naging artner?	Les No					
Gene	ě	_		 		
Code V-UBI camount in box manual in box manu				,		
) rivonate ons?	2					
(h) Disproportionate allocations?	- GS		 •	 		
(g) Share of end-of-year assets						
(f) Share of total income						
(e) Predominant income (related, unrelated, excluded from tax under						
(d) Direct controlling entity						
(c) Legal domicile (state or foreign	(Kumoo					
(b) Primary activity						
(a) Name, address, and EIN of related organization					,	

part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related or construction or trust during the tax year.

(a)	(q)	(0)	(b)	(e)	(j)	(6)	(£)	Ξ	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	ξÖ,	Share of total income	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?	د <u>ق</u> کور
		country)		(125)		222613		Yes	°Z
									İ
								_	
	·								
	1								
	T								
	•								
]
932162 09-10-19		30				Sche	Schedule R (Form 990) 2019	2 (ספפ נ	019

932162 09-10-19

C/O FIRST FINANCIAL TRUST AND ASSET MGMT Schedule R (Form 990) 2019 Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

٠

Page 3

83-6851857

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule]		×	Yes	ŝ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	n Parts II-IV?			
a Receipt of (I) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	_			1a		×
b Gift, grant, or capital contribution to related organization(s)				16	×	
c Gift, grant, or capital contribution from related organization(s)				2	×	
d Loans or loan guarantees to or for related organization(s)				1d		×
e Loans or loan guarantees by related organization(s)				<u>1</u>		×
f Dividends from related organization(s)				#		×
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				두		×
i Exchange of assets with related organization(s)				1i		×
j Lease of facilities, equipment, or other assets to related organization(s)				į		×
k Lease of facilities, equipment, or other assets from related organization(s)						×
	anization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	ınızatıon(s)			Ę		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			ŧ		×
 Sharing of paid employees with related organization(s) 				ę	,	× ´
p Reimbursement paid to related organization(s) for expenses				Đ		×
				19		
r Other transfer of cash or property to related organization(s)				+		×
- 1				- t		×
2 If the answer to any of the above is "Yes," see the instructions for information on w	who must complete the	is line, including covered	mation on who must complete this line, including covered relationships and transaction thresholds		ļ	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	/olved		
(1) SERENITY FOUNDATION OF TEXAS	В	18,750.	CASH DISTRIBUTION OF	INCOME		
(2) SERENITY FOUNDATION OF TEXAS	บ	1,000,000.INITIAL	INITIAL CASH FUNDING			
(E)						
(4)						
(5)						
(9)						
932163 09-10-19 // /	31		Schedule R (Form 990) 2019	R (Form 9	990) 2	019

Page 4 83-6851857

1

٠į

SERENITY FOUNDATION 2019 ENDOWMENT TRUST C/O FIRST FINANCIAL TRUST AND ASSET MGMT Schedule R (Form 990) 2019

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)	(4)	<u>′</u> `			[3]	3	13	5	
Name, address, and EIN	ctivity	nıcıle	Predominant income partners sec	()		Disproper-	Code V-UBI	General or	(K) Percentage
of entity		(state or foreign country)	excluded from tax unisections 512-514)	total income	end-of-year assets	allocations?	allocations of Schedule K-1 partner? Ownership	partner?	ownership
			:						
	•								
				-					
								_	
						_		-	
								,	
								_	
								1	
						-			
								_	
						_			
				-					

Schedule R (Form 990) 2019

η

U ale 1