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For calendar year 2016, or tax year beginning 01-01-2016, and ending 12-31-2016

Name of foundation THE PAUL J CIENER BOTANICAL GARDEN		A Employer identification number 56-2105544	
Number and street (or P O box number if mail is not delivered to street address) 215 SOUTH MAIN ST		Room/suite	B Telephone number (see instructions) (336) 996-7888
City or town, state or province, country, and ZIP or foreign postal code KERNERSVILLE, NC 27284		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 591,202	J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) (Part I, column (d) must be on cash basis)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	227,287			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	6	6	6	
	4 Dividends and interest from securities . . .	26,061	26,061	26,061	
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	17,912			
	b Gross sales price for all assets on line 6a 1,170,904				
	7 Capital gain net income (from Part IV, line 2) . . .		17,912		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances 19,649				
Operating and Administrative Expenses	b Less Cost of goods sold 2,164				
	c Gross profit or (loss) (attach schedule)	17,485		17,485	
	11 Other income (attach schedule)	134,415		134,415	
	12 Total. Add lines 1 through 11	423,166	43,979	177,967	
	13 Compensation of officers, directors, trustees, etc	82,000		82,000	82,000
	14 Other employee salaries and wages	180,138		180,138	124,138
	15 Pension plans, employee benefits	31,669		31,669	31,669
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	12,120		12,120	12,120
	c Other professional fees (attach schedule)	3,306		3,306	3,306
	17 Interest	26,747		26,747	26,747
	18 Taxes (attach schedule) (see instructions) . . .	3,110	2,879	231	231
	19 Depreciation (attach schedule) and depletion . . .	137,414			
	20 Occupancy	31,057		31,057	17,857
	21 Travel, conferences, and meetings	4,767		4,767	4,767
	22 Printing and publications				
	23 Other expenses (attach schedule)	137,342	11,038	104,526	97,196
	24 Total operating and administrative expenses. Add lines 13 through 23	649,670	13,917	476,561	400,031
	25 Contributions, gifts, grants paid	0			0
	26 Total expenses and disbursements. Add lines 24 and 25	649,670	13,917	476,561	400,031
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-226,504			
	b Net investment income (if negative, enter -0-)		30,062		
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value			
Assets	1	Cash—non-interest-bearing	500	500	500		
	2	Savings and temporary cash investments	52,930	45,628	45,628		
	3	Accounts receivable ▶ <u>38,382</u>					
		Less allowance for doubtful accounts ▶ _____	20,889	38,382	38,382		
	4	Pledges receivable ▶ _____					
		Less allowance for doubtful accounts ▶ _____					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)					
	7	Other notes and loans receivable (attach schedule) ▶ _____					
		Less allowance for doubtful accounts ▶ _____					
	8	Inventories for sale or use	3,521	12,833	12,833		
	9	Prepaid expenses and deferred charges	2,490	4,427	4,427		
	10a	Investments—U S and state government obligations (attach schedule)					
	b	Investments—corporate stock (attach schedule)	1,224,863	489,432	489,432		
	c	Investments—corporate bonds (attach schedule)					
	Liabilities	11	Investments—land, buildings, and equipment basis ▶ <u>402,764</u>				
		Less accumulated depreciation (attach schedule) ▶ <u>51,411</u>	355,270	351,353			
12		Investments—mortgage loans					
13		Investments—other (attach schedule)					
14		Land, buildings, and equipment basis ▶ <u>5,117,345</u>					
		Less accumulated depreciation (attach schedule) ▶ <u>1,049,022</u>	4,223,328	4,068,323			
15		Other assets (describe ▶ _____)					
16		Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	5,883,791	5,010,878	591,202		
17		Accounts payable and accrued expenses	9,975	10,737			
18		Grants payable.					
Net Assets or Fund Balances	19	Deferred revenue					
	20	Loans from officers, directors, trustees, and other disqualified persons					
	21	Mortgages and other notes payable (attach schedule).	1,116,002	464,179			
	22	Other liabilities (describe ▶ _____)	11,969	16,621			
	23	Total liabilities (add lines 17 through 22)	1,137,946	491,537			
		Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.					
	24	Unrestricted					
25	Temporarily restricted						
26	Permanently restricted						
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.						
27	Capital stock, trust principal, or current funds						
28	Paid-in or capital surplus, or land, bldg, and equipment fund	300,000	300,000				
29	Retained earnings, accumulated income, endowment, or other funds	4,445,845	4,219,341				
30	Total net assets or fund balances (see instructions)	4,745,845	4,519,341				
31	Total liabilities and net assets/fund balances (see instructions) .	5,883,791	5,010,878				

Part III Analysis of Changes in Net Assets or Fund Balances		
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1 4,745,845
2	Enter amount from Part I, line 27a	2 -226,504
3	Other increases not included in line 2 (itemize) ▶ _____	3
4	Add lines 1, 2, and 3	4 4,519,341
5	Decreases not included in line 2 (itemize) ▶ _____	5
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6 4,519,341

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a See Additional Data Table			
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a See Additional Data Table			
b			
c			
d			
e			

(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a See Additional Data Table			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	17,912
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 { }	3	-6,579

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2015	487,651	1,196,067	0 407712
2014	455,725	1,248,965	0 364882
2013	523,278	1,412,190	0 370544
2012	769,420	1,488,911	0 516767
2011	947,663	2,335,507	0 405763
2 Total of line 1, column (d)			2 2 065668
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 0 413134
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5			4 943,807
5 Multiply line 4 by line 3			5 389,919
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 301
7 Add lines 5 and 6			7 390,220
8 Enter qualifying distributions from Part XII, line 4			8 417,930

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	301
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	
3	Add lines 1 and 2.	3	301
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	301
6	Credits/Payments		
a	2016 estimated tax payments and 2015 overpayment credited to 2016	6a	568
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	568
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid . . . ▶	10	267
11	Enter the amount of line 10 to be Credited to 2017 estimated tax ▶ 267 Refunded ▶	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ _____ (2) On foundation managers ▶ \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ NC		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address CIENERBOTANICALGARDEN.ORG	13	Yes	
14	The books are in care of DAVID B CIENER Telephone no (336) 996-7888			

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15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15			
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country ▶	16	Yes	No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> 1b			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016? <input type="checkbox"/> 1c			
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/> 2b			
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016). <input type="checkbox"/> 3b			
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? <input type="checkbox"/> 4a			No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016? <input type="checkbox"/> 4b			No

5a	During the year did the foundation pay or incur any amount to		
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?	<input type="checkbox"/>	5b
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If "Yes," attach the statement required by Regulations section 53.4945–5(d)		
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6b
	If "Yes" to 6b, file Form 8870		No
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	<input type="checkbox"/>	7b

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(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 and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000.

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. ▶		

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 BUILD AND MAINTAIN BOTANICAL GARDEN FOR EDUCATION AND BENEFIT OF COMMUNITY AND TOURISTS	400,031
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ▶	

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	958,180
b	Average of monthly cash balances.	1b	0
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	958,180
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	958,180
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	14,373
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	943,807
6	Minimum investment return. Enter 5% of line 5.	6	47,190

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	47,190
2a	Tax on investment income for 2016 from Part VI, line 5.	2a	301
b	Income tax for 2016 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	301
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	46,889
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	46,889
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	46,889

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	400,031
b	Program-related investments—total from Part IX-B.	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	17,899
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	417,930
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	5	301
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	417,629

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				46,889
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only.				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2016				
a From 2011.	835,734			
b From 2012.	693,793			
c From 2013.	455,541			
d From 2014.	394,855			
e From 2015.	428,414			
f Total of lines 3a through e.	2,808,337			
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ 417,930				
a Applied to 2015, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2016 distributable amount.				46,889
e Remaining amount distributed out of corpus	371,041			
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,179,378			
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount—see instructions				
e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).				
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions).	835,734			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	2,343,644			
10 Analysis of line 9				
a Excess from 2012.	693,793			
b Excess from 2013.	455,541			
c Excess from 2014.	394,855			
d Excess from 2015.	428,414			
e Excess from 2016.	371,041			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling. ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or email address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Total			▶ 3a	
b <i>Approved for future payment</i>				
Total			▶ 3b	

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a <u>PROGRAM SERVICE REVENUE</u>					14,309
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments.					8,195
3 Interest on savings and temporary cash investments			14	6	
4 Dividends and interest from securities.			14	26,061	
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory					17,912
9 Net income or (loss) from special events			25	42,911	
10 Gross profit or (loss) from sales of inventory			25	17,485	
11 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal Add columns (b), (d), and (e).				86,463	40,416
13 Total. Add line 12, columns (b), (d), and (e).			13		126,879

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		Yes	No
--	--	------------	-----------

1a(1)	No
-------	----

1a(1)		No
1a(2)		No

1b(1)		No
--------------	--	-----------

1b(1)	No
--------------	-----------

1b(2)		No
--------------	--	-----------

1b(3)		No
--------------	--	-----------

1b(4)		No
--------------	--	-----------

1b(5)		No
--------------	--	-----------

1b(6)		No
--------------	--	-----------

1c		No
-----------	--	-----------

[illegible]

☐ Yes ☒ No

(a) Name of organization	(b) Type of organization	(c) Description of relationship
--------------------------	--------------------------	---------------------------------

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 taxpayer) is based on all information of which preparer has any knowledge.

* * * * *

Title

May the IRS discuss this return with the preparer shown below (see instr)? ☒ Yes ☐ No

**Paid
Preparer
Use Only**

Print/Type preparer's name TIM B REID	Preparer's Signature	Date 2017-10-27	Check if self-employed <input type="checkbox"/>	PTIN P00196563
Firm's name ▶ AM PAYNE & ASSOC INC				Firm's EIN ▶ 56-1190701
Firm's address ▶ 1610 WESTCHESTER DR HIGH POINT, NC 272627008				Phone no (336) 885-4177

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
AMERITRADE	P	2016-02-02	2016-10-10
AMERITRADE	P	2016-02-02	2016-10-10
BB&T	P	2016-02-02	2016-10-10
BB&T	P	2016-02-02	2016-10-10
BB&T	P	2015-05-05	2006-01-19
BB&T	P	2013-10-02	2016-01-19
BB&T	P	2015-06-08	2016-04-12
BB&T	P	2013-08-19	2016-07-20
AMERITRADE	P	2016-02-02	2016-10-10
AMERITRADE	P	2012-02-02	2016-10-10

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
2,208			2,208
6			6
218			218
39			39
13,687		18,069	-4,382
79,477		103,711	-24,234
124,145		126,099	-1,954
459,121		422,915	36,206
215,719		218,433	-2,714
272,796		261,765	11,031

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			2,208
			6
			218
			39
			-4,382
			-24,234
			-1,954
			36,206
			-2,714
			11,031

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
AMERITRADE	P	2012-02-02	2016-10-10

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
3,488		2,000	1,488

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
			1,488

Form 990FP Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
DAVID B CIENER	PRESIDENT 3 00	0	0	0
215 SOUTH MAIN ST KERNERSVILLE, NC 27284				
GREGORY M CIENER	VICE PRESIDE 3 00	0	0	0
PO BOX 830 KERNERSVILLE, NC 27285				
JOE PINNIX	DIRECTOR 3 00	0	0	0
PO BOX 878 KERNERSVILLE, NC 27285				
DUANE LONG	DIRECTOR 1 00	0	0	0
215 SOUTH MAIN ST KERNERSVILLE, NC 27284				
RON CLOER	DIRECTOR 1 00	0	0	0
215 SOUTH MAIN ST KERNERSVILLE, NC 27284				
JOELLEN PARKS	DIRECTOR 1 00	0	0	0
215 SOUTH MAIN ST KERNERSVILLE, NC 27284				
JANE VEACH	DIRECTOR 1 00	0	0	0
215 SOUTH MAIN ST KERNERSVILLE, NC 27284				
JOHN G WOLFE III	SECRETARY 3 00	0	0	0
101 S MAIN ST KERNERSVILLE, NC 27284				
JOHN WHISNANT	EXEC DIRECTO 40 00	82,000	0	0
215 SOUTH MAIN ST KERNERSVILLE, NC 27284				

TY 2016 Accounting Fees Schedule**Name:** THE PAUL J CIENER BOTANICAL GARDEN**EIN:** 56-2105544

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING & LEGAL FEES	12,120		12,120	12,120

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

TY 2016 Amortization Schedule

Name: THE PAUL J CIENER BOTANICAL GARDEN

EIN: 56-2105544

Description of Amortized Expenses	Date Acquired, Completed, or Expended	Amount Amortized	Deduction for Prior Years	Amortization Method	Current Year Amortization	Net Investment Income	Adjusted Net Income	Total Amount of Amortization
MASTER PLAN	2010-12-01	262,490	107,103	15 0000	17,499			124,602

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

TY 2016 Depreciation Schedule

Name: THE PAUL J CIENER BOTANICAL GARDEN

EIN: 56-2105544

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
BUILDINGS	2010-12-01	2,076,834	268,480	S/L	39 0000	53,252			
FURNITURE & EQUIP	2009-12-01	43,057	40,815	200DB	7 0000	2,242			
FACILITY CONSTRUCTION	2009-12-31	13,925	2,142	S/L	39 0000	357			
VEHICLES	2009-12-01	14,060	2,025	200DB	5 0000				
GARDEN IN DVLPMNT	2010-12-01	626,178	215,343	150DB	15 0000	43,245			
GARDEN IN DVLPMNT	2009-12-01	4,763	1,656	150DB	15 0000	366			
NURSERY - BOST ST	2010-12-01	105,977	36,445	150DB	15 0000	7,320			
NURSERY - BOST ST	2009-12-01	9,843	3,423	150DB	15 0000	755			
PARKING LOT	2010-12-01	54,665	13,183	S/L	15 0000	2,766			
LAND	2009-12-01	1,070,984							
210 HARMON CT - LOT 69	2009-12-01	10,690							
APPLE PROPERTY	2009-12-01	31,576	4,858	S/L	39 0000	809			
BOST ST LAND	2009-12-01	34,869							
216 HARMON CT	2010-12-01	41,789	5,732	S/L	39 0000	1,071			
BUILDINGS	2011-12-31	462,786	47,960	S/L	39 0000	11,866			
NURSERY (BOST ST)	2011-12-22	6,795	704	S/L	39 0000	174			
GARDEN IN DEVPMT	2011-01-24	299	103	150DB	15 0000	19			
PARKING LOT	2011-12-31	27,200	9,354	150DB	15 0000	1,785			
FURNITURE & EQUIP	2011-12-31	35,656	26,706	200DB	7 0000	3,113			
PARKING LOT LIGHTING	2012-10-04	12,361	8,080	150DB	15 0000	428			

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
GARDEN IN DVLPMNT	2012-02-09	3,400	2,223	150DB	15 0000	117			
FURN & EQUIP 2012	2012-05-10	4,234	3,573	200DB	7 0000	189			
LAND - 225 S MAIN ST	2007-10-22	250,000							
HOUSE - 225 S MAIN ST	2007-10-22	152,764	35,743	STRAIGHT LINE	20 0000				
DELL PC - KITTY	2013-01-02	1,085	878	200DB	7 0000	59			
3000 GALLON RAIN BARREL	2013-12-02	3,036	2,289	200DB	7 0000	213			
10 IN X 50 FT ROLL	2013-12-02	54	41	200DB	7 0000	3			
GUTTERS ON GREENHOUSE	2013-12-20	335	253	200DB	7 0000	23			
SERVER	2013-12-02	3,036	2,517	200DB	5 0000	207			
3000 GALLON RAIN CONTAINMENT	2014-01-02	3,419	2,372	200DB	7 0000	299			
CISTERN COMPONENTS	2014-09-01	875	607	200DB	7 0000	77			
HOURLASS GARDEN	2014-12-22	120,352	68,902	150DB	15 0000	5,145			
ROCK GARDEN	2014-11-21	11,445	6,553	150DB	15 0000	489			
HOURLASS GARDEN	2015-09-01	13,799	7,130	S/L	15 0000	460			
CCTV SURVELIANCE SYSTEM	2015-10-21	4,100	2,123	200DB	7 0000	565			

TY 2016 Investments Corporate Stock Schedule**Name:** THE PAUL J CIENER BOTANICAL GARDEN**EIN:** 56-2105544

Name of Stock	End of Year Book Value	End of Year Fair Market Value
SUNTRUST INVESTMENT	489,432	489,432

TY 2016 Investments - Land Schedule

Name: THE PAUL J CIENER BOTANICAL GARDEN

EIN: 56-2105544

Category/ Item	Cost/Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
INVESTMENT ASSETS	402,764	51,411	351,353	

**TY 2016 Land, Etc.
Schedule****Name:** THE PAUL J CIENER BOTANICAL GARDEN**EIN:** 56-2105544

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
ASSETS	4,000,802	1,049,022	2,951,780	
LAND	1,116,543		1,116,543	

TY 2016 Mortgages and Notes Payable Schedule

Name: THE PAUL J CIENER BOTANICAL GARDEN

EIN: 56-2105544

Total Mortgage Amount:

Item No.	1
Lender's Name	BBT
Lender's Title	
Relationship to Insider	NONE
Original Amount of Loan	550,000
Balance Due	464,179
Date of Note	2012-12
Maturity Date	
Repayment Terms	
Interest Rate	
Security Provided by Borrower	PROPERTY
Purpose of Loan	PROPERTY AND MASTER PLAN
Description of Lender Consideration	
Consideration FMV	
Item No.	1
Lender's Name	BBT
Lender's Title	
Relationship to Insider	NONE
Original Amount of Loan	407,369
Balance Due	
Date of Note	2013-07
Maturity Date	
Repayment Terms	
Interest Rate	
Security Provided by Borrower	PROPERTY
Purpose of Loan	PROPERTY AND MASTER PLAN
Description of Lender Consideration	
Consideration FMV	

TY 2016 Other Expenses Schedule**Name:** THE PAUL J CIENER BOTANICAL GARDEN**EIN:** 56-2105544**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
GIFT SHOP				
MERCHANT FEES	600		600	
SPECIAL EVENTS				
MERCHANT FEES	2,000		2,000	
JANITORIAL EXP				
PROGRAM EXP				
ADVERTISING	5,000		5,000	
EXPENSES				
ADVERTISING	14,639		14,369	14,639
APPAREL	147		147	147

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK CHARGES	136		136	136
REPAIRS	17,023		17,023	17,023
COMPUTER SOFTWARE	3,670		3,670	3,670
EQUIPMENT LEASE	6,911		6,911	6,911
DISCOUNTS	525		525	525
MERCHANT FEES	2,100		2,100	2,100
PROFESSIONAL MEMBERSHIPS	1,100		1,100	1,100
AUTOMOBILE INS	1,288		1,288	1,288
GENERAL LIABILITY INS	6,426		6,426	6,426
PROPERTY INS	7,464		7,464	7,464

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
WORKERS COMP	5,513		5,513	5,513
GENERAL SUPPLIES	2,803		2,803	2,803
POSTAGE & SHIPPING	1,015		1,015	1,015
PLANT & GARDEN SUPPLIES	6,149		6,149	6,149
PROGRAM EXP	12,650		12,650	12,650
JANITORIAL EXP	7,637		7,637	7,637
INVESTMENT FEES	11,038	11,038		
ROUNDING				
INVESTMENT DEPRECIATION	3,917			

TY 2016 Other Income Schedule**Name:** THE PAUL J CIENER BOTANICAL GARDEN**EIN:** 56-2105544**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
PROGRAM SERVICE REVENUE	14,309		14,309
MEMBERSHIP DUES	8,195		8,195
SPECIAL EVENTS	111,911		111,911

TY 2016 Other Liabilities Schedule**Name:** THE PAUL J CIENER BOTANICAL GARDEN**EIN:** 56-2105544

Description	Beginning of Year - Book Value	End of Year - Book Value
BB&T CREDIT CARD	714	107
CITICARD	84	916
HEALTH INSURANCE PAYABLE	-89	-767
EVENT DEPOSIT	11,260	16,365

TY 2016 Other Professional Fees Schedule**Name:** THE PAUL J CIENER BOTANICAL GARDEN**EIN:** 56-2105544

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OUTSIDE SERVICES	3,306		3,306	3,306

TY 2016 Sales Of Inventory Schedule**Name:** THE PAUL J CIENER BOTANICAL GARDEN**EIN:** 56-2105544

Category	Gross Sales	Cost of Goods Sold	Net (Gross Sales Minus Cost of Goods Sold)
GIFT SHOP	19,649	2,164	17,485

TY 2016 Taxes Schedule**Name:** THE PAUL J CIENER BOTANICAL GARDEN**EIN:** 56-2105544

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PROPERTY TAX	81		81	81
LICENSES	150		150	150
INCOME TAX	2,879	2,879		

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990	OMB No 1545-0047 2016

Name of the organization THE PAUL J CIENER BOTANICAL GARDEN	Employer identification number 56-2105544
-----------------------------------------------------------------------	-----------------------------------------------------

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization THE PAUL J CIENER BOTANICAL GARDEN	Employer identification number 56-2105544
-------------------------------------------------------------------	-----------------------------------------------------

Part I Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	See Additional Data Table _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

Name of organization THE PAUL J CIENER BOTANICAL GARDEN	Employer identification number 56-2105544
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Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions) Use duplicate copies of Part II if additional space is needed</small>	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization THE PAUL J CIENER BOTANICAL GARDEN	Employer identification number 56-2105544
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Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____ Use duplicate copies of Part III if additional space is needed
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	

Additional Data

Software ID:
Software Version:
EIN: 56-2105544
Name: THE PAUL J CIENER BOTANICAL GARDEN

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	PAUL J CIENER CHARITABLE LEAD TRUST	<u>\$ 54,733</u>	Person <input checked="" type="checkbox"/>
	547 S BUNKER HILL RD		Payroll <input type="checkbox"/>
	COLFAX, NC27235		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>7</u>	THE DEAL FOUNDATION	<u>\$ 5,000</u>	Person <input checked="" type="checkbox"/>
	2021 BREVARD RD		Payroll <input type="checkbox"/>
	HIGH POINT, NC27263		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>2</u>	KAREN CIENER	<u>\$ 5,000</u>	Person <input checked="" type="checkbox"/>
	509 PORTER CT		Payroll <input type="checkbox"/>
	KERNERSVILLE, NC27284		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>8</u>	STANLEY SMITH HORTICULTURE TRUST	<u>\$ 10,000</u>	Person <input checked="" type="checkbox"/>
	770 TAMALPAIS DR STE 309		Payroll <input type="checkbox"/>
	CORTE MADERA, CA94925		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>3</u>	TOWN OF KERNERSVILLE	<u>\$ 25,000</u>	Person <input checked="" type="checkbox"/>
	PO BOX 728		Payroll <input type="checkbox"/>
	KERNERSVILLE, NC27284		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>9</u>	DANNY ROSETTE JEFFERSON	<u>\$ 5,000</u>	Person <input checked="" type="checkbox"/>
	213 W MOUNTAIN ST		Payroll <input type="checkbox"/>
	KERNERSVILLE, NC27284		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>4</u>	LAWRENCE POPE FOUNDATION 1349 S PARK DRIVE C KERNERSVILLE, NC27284	 \$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>10</u>	LINDA TURLINGTON 5700 REGENTS PARK RD KERNERSVILLE, NC27284	 \$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>5</u>	WYAT DELORES LEFEVRE 4536 KERNERVILLE RD KERNERSVILLE, NC27284	 \$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>11</u>	JOELLEN PARKS 919 WELLINGTON RD WINSTON SALEM, NC27106	 \$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>6</u>	DAVID CIENER 215 SOUTH MAIN ST KERNERSVILLE, NC27284	 \$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)