

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	22,169	12,715	12,715
	3 Accounts receivable ▶ <u>41,920</u>			
	Less allowance for doubtful accounts ▶ _____	37,249	41,920	41,290
	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		2,778	2,778
	9 Prepaid expenses and deferred charges	5,334	5,075	5,075
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	421,230	311,032	311,032
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶ <u>402,764</u>			
Less accumulated depreciation (attach schedule) ▶ <u>59,245</u>	347,436	343,519		
12 Investments—mortgage loans				
13 Investments—other (attach schedule)				
14 Land, buildings, and equipment basis ▶ <u>5,159,472</u>				
Less accumulated depreciation (attach schedule) ▶ <u>1,351,783</u>	3,958,925	3,807,689		
15 Other assets (describe ▶ _____)	587			
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	4,793,430	4,525,228	373,390	
Liabilities	17 Accounts payable and accrued expenses	17,059	16,907	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)	441,892	419,047	
	22 Other liabilities (describe ▶ _____)	15,838	18,728	
	23 Total liabilities (add lines 17 through 22)	474,789	454,682	
Net Assets or Fund Balances	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	4,018,641	3,770,546	
	30 Total net assets or fund balances (see instructions)	4,318,641	4,070,546	
31 Total liabilities and net assets/fund balances (see instructions) .	4,793,430	4,525,228		

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	4,318,641
2 Enter amount from Part I, line 27a	2	-248,095
3 Other increases not included in line 2 (itemize) ▶ _____	3	
4 Add lines 1, 2, and 3	4	4,070,546
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	4,070,546

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			

(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			
b			
c			
d			
e			

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	
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) <div style="float: right; font-size: small;"> { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 } </div>	2	
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	

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))
2017	416,048	555,960	0.748342
2016	417,629	943,807	0.442494
2015	487,651	1,196,067	0.407712
2014	455,725	1,248,965	0.364882
2013	523,278	1,412,190	0.370544

2 Total of line 1, column (d)	2	2.333974
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	0.466795
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	475,582
5 Multiply line 4 by line 3	5	221,999
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	197
7 Add lines 5 and 6	7	222,196
8 Enter qualifying distributions from Part XII, line 4	8	395,210

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	197
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	197
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	197
6	Credits/Payments		
a	2018 estimated tax payments and 2017 overpayment credited to 2018	6a	96
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	96
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	101
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	
11	Enter the amount of line 10 to be Credited to 2019 estimated tax ▶ 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 2018 or the taxable year beginning in 2018? See the 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 ► <u>CIENERBOTANICALGARDEN.ORG</u>	13	Yes	
14	The books are in care of ► <u>DAVID B CIENER</u> Telephone no ► <u>(336) 996-7888</u>			

Located at ► 215 S MAIN ST KERNERSVILLE NC ZIP+4 ► 27284

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 2018, 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?	16	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►			

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.	1b		
	Organizations relying on a current notice regarding disaster assistance check here.			
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 2018?	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 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018?		<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).	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 2018 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 2018).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	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 2018?	4b		No

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

		Yes	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.	5b	
	Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>	
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? If "Yes," attach the statement required by Regulations section 53.4945–5(d)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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? If "Yes" to 6b, file Form 8870	6b	
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?	7b	
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions				
(a) Name and address	(b) Title, and average hours per week 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	400,859
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	482,824
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	482,824
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	482,824
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	7,242
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	475,582
6	Minimum investment return. Enter 5% of line 5.	6	23,779

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	23,779
2a	Tax on investment income for 2018 from Part VI, line 5.	2a	197
b	Income tax for 2018 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	197
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	23,582
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	23,582
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	23,582

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	395,210
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	
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	395,210
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	197
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	395,013

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 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				23,582
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2018				
a From 2013.	455,541			
b From 2014.	394,855			
c From 2015.	428,414			
d From 2016.	371,041			
e From 2017.	388,592			
f Total of lines 3a through e.	2,038,443			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ 395,210				
a Applied to 2017, 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 2018 distributable amount.				23,582
e Remaining amount distributed out of corpus	371,628			
5 Excess distributions carryover applied to 2018 (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	2,410,071			
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 2017 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				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 2013 not applied on line 5 or line 7 (see instructions).	455,541			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	1,954,530			
10 Analysis of line 9				
a Excess from 2014.	394,855			
b Excess from 2015.	428,414			
c Excess from 2016.	371,041			
d Excess from 2017.	388,592			
e Excess from 2018.	371,628			

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 2018, 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) 2018	(b) 2017	(c) 2016	(d) 2015	
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 foundation 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. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

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

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	
Enter gross amounts unless otherwise indicated				
1 Program service revenue				
a _____				
b _____				
c _____				
d _____				
e _____				
f _____				
g Fees and contracts from government agencies				
2 Membership dues and assessments. . . .				7,400
3 Interest on savings and temporary cash investments				
4 Dividends and interest from securities. . . .		14	17,891	
5 Net rental income or (loss) from real estate				
a Debt-financed property.				
b Not debt-financed property.				8,140
6 Net rental income or (loss) from personal property				
7 Other investment income.				
8 Gain or (loss) from sales of assets other than inventory				
9 Net income or (loss) from special events		25	41,435	
10 Gross profit or (loss) from sales of inventory		25	9,620	
11 Other revenue a _____				
b _____				
c _____				
d _____				
e _____				
12 Subtotal Add columns (b), (d), and (e). .			68,946	48,687
13 Total. Add line 12, columns (b), (d), and (e).				117,633

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

[illegible]

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

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash.	1a(1)		No
(2) Other assets.	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization.	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.	1b(2)		No
(3) Rental of facilities, equipment, or other assets.	1b(3)		No
(4) Reimbursement arrangements.	1b(4)		No
(5) Loans or loan guarantees.	1b(5)		No
(6) Performance of services or membership or fundraising solicitations.	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	1c		No
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.			

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule

(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.

Sign Here	*****	2019-05-01	*****	May the IRS discuss this return with the preparer shown below? (see instr)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer or trustee	Date	Title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	TIM B REID		2019-05-03		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 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 1 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				
PATTY STONE	DIRECTOR 1 00	0	0	0
101 S MAIN ST KERNERSVILLE, NC 27284				
JOHN WHISNANT	EXEC DIRECTO 40 00	85,000	0	0
215 SOUTH MAIN ST KERNERSVILLE, NC 27284				

TY 2018 Accounting Fees Schedule**Name:** PAUL J CIENER BOTANICAL GARDEN**EIN:** 56-2105544

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING & LEGAL FEES	12,250		12,250	12,250

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

TY 2018 Amortization Schedule

Name: 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	142,101	15 0000	17,500			159,601

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

TY 2018 Depreciation Schedule

Name: PAUL J CIENER BOTANICAL GARDEN

EIN: 56-2105544

Depreciation Schedule

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	374,984	S/L	39 0000	53,252			
FURNITURE & EQUIP	2009-12-01	43,057	43,057	200DB	7 0000				
FACILITY CONSTRUCTION	2009-12-31	13,925	2,856	S/L	39 0000	357			
VEHICLES	2009-12-01	14,060	2,025	200DB	5 0000				
GARDEN IN DVLPMNT	2010-12-01	626,178	301,834	150DB	15 0000	43,246			
GARDEN IN DVLPMNT	2009-12-01	4,763	2,387	150DB	15 0000	366			
NURSERY - BOST ST	2010-12-01	105,977	51,084	150DB	15 0000	7,319			
NURSERY - BOST ST	2009-12-01	9,843	4,933	150DB	15 0000	756			
PARKING LOT	2010-12-01	54,665	18,530	S/L	15 0000	2,409			
LAND	2009-12-01	1,070,984							
210 HARMON CT - LOT 69	2009-12-01	10,690							
APPLE PROPERTY	2009-12-01	31,576	6,477	S/L	39 0000	810			
BOST ST LAND	2009-12-01	34,869							
216 HARMON CT	2010-12-01	41,789	7,875	S/L	39 0000	1,071			
BUILDINGS	2011-12-31	462,786	71,692	S/L	39 0000	11,867			
NURSERY (BOST ST)	2011-12-22	6,795	1,053	S/L	39 0000	174			
GARDEN IN DEVPMT	2011-01-24	299	141	150DB	15 0000	19			
PARKING LOT	2011-12-31	27,200	12,829	150DB	15 0000	1,691			
FURNITURE & EQUIP	2011-12-31	35,656	32,932	200DB	7 0000	2,724			
PARKING LOT LIGHTING	2012-10-04	12,361	8,894	150DB	15 0000	365			

Depreciation Schedule

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	2,446	150DB	15 0000	101			
FURN & EQUIP 2012	2012-05-10	4,234	3,951	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	984	200DB	7 0000	48			
3000 GALLON RAIN BARREL	2013-12-02	3,036	2,655	200DB	7 0000	132			
10 IN X 50 FT ROLL	2013-12-02	54	47	200DB	7 0000	3			
GUTTERS ON GREENHOUSE	2013-12-20	335	293	200DB	7 0000	15			
SERVER	2013-12-02	3,036	2,891	200DB	5 0000	145			
3000 GALLON RAIN CONTAINMENT	2014-01-02	3,419	2,885	200DB	7 0000	153			
CISTERN COMPONENTS	2014-09-01	875	738	200DB	7 0000	39			
HOURLASS GARDEN	2014-12-22	120,352	78,677	150DB	15 0000	4,168			
ROCK GARDEN	2014-11-21	11,445	7,482	150DB	15 0000	396			
HOURLASS GARDEN	2015-09-01	13,799	8,050	S/L	15 0000	460			
CCTV SURVELIANCE SYSTEM	2015-10-21	4,100	3,091	200DB	7 0000	289			
225 S MAIN ST RENOVATIONS	2017-12-31	33,007	35	S/L	39 0000	847			
STAGE CONSTRUCTION	2017-12-31	9,120	10	S/L	39 0000	234			

TY 2018 Investments Corporate Stock Schedule**Name:** PAUL J CIENER BOTANICAL GARDEN**EIN:** 56-2105544**Investments Corporation Stock Schedule**

Name of Stock	End of Year Book Value	End of Year Fair Market Value
AMERITRADE	311,032	311,032

TY 2018 Investments - Land Schedule

Name: 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	59,245	343,519	

**TY 2018 Land, Etc.
Schedule****Name:** PAUL J CIENER BOTANICAL GARDEN**EIN:** 56-2105544

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
ASSETS	4,042,929	1,351,783	2,691,146	
LAND	1,116,543		1,116,543	

TY 2018 Mortgages and Notes Payable Schedule

Name: PAUL J CIENER BOTANICAL GARDEN

EIN: 56-2105544

Total Mortgage Amount:

Mortgages and Notes Payable Schedule

Item No.	1
Lender's Name	BBT
Lender's Title	
Relationship to Insider	NONE
Original Amount of Loan	550,000
Balance Due	419,047
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	

TY 2018 Other Assets Schedule

Name: PAUL J CIENER BOTANICAL GARDEN

EIN: 56-2105544

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
DEPOSITS TO ACCOUNT	587		

TY 2018 Other Expenses Schedule**Name:** 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				
SPECIAL EVENTS				
MERCHANT FEES				
JANITORIAL EXP	3,000		3,000	
PROGRAM EXP				
ADVERTISING	5,000		5,000	
EXPENSES				
ADVERTISING	8,422		8,422	8,422
APPAREL				

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK CHARGES	176		176	176
REPAIRS	11,801	904	11,801	10,897
COMPUTER SOFTWARE	2,320		2,320	2,320
EQUIPMENT LEASE				
DISCOUNTS	1,418		1,418	1,418
MERCHANT FEES	6,488		6,488	6,488
PROFESSIONAL MEMBERSHIPS	1,182		1,182	1,182
AUTOMOBILE INS	1,288		1,288	1,288
GENERAL LIABILITY INS	4,653		4,653	4,653
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	6,277		6,277	6,277
GENERAL SUPPLIES	2,550		2,550	2,550
POSTAGE & SHIPPING	1,129		1,129	1,129
PLANT & GARDEN SUPPLIES	17,663		17,663	17,663
TRAINING				
PROGRAM EXP	16,394		16,394	16,394
JANITORIAL EXP	4,558		4,558	4,558
INVESTMENT FEES	3,511	3,511		
ROUNDING	-5		-5	-5
INVESTMENT DEPRECIATION	3,917			

TY 2018 Other Income Schedule**Name:** 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	33,147		33,147
MEMBERSHIP DUES	7,400		7,400
SPECIAL EVENTS	107,435		107,435

TY 2018 Other Liabilities Schedule**Name:** PAUL J CIENER BOTANICAL GARDEN**EIN:** 56-2105544

Description	Beginning of Year - Book Value	End of Year - Book Value
BB&T CREDIT CARD	11	352
CITICARD	562	681
HEALTH INSURANCE PAYABLE	-1,000	-570
EVENT DEPOSIT	16,265	18,265

TY 2018 Other Professional Fees Schedule**Name:** PAUL J CIENER BOTANICAL GARDEN**EIN:** 56-2105544

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OUTSIDE SERVICES	1,626		1,626	1,626

TY 2018 Sales Of Inventory Schedule**Name:** 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	22,196	12,576	9,620

TY 2018 Taxes Schedule**Name:** PAUL J CIENER BOTANICAL GARDEN**EIN:** 56-2105544

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LICENSES	75		75	75
PROPERTY TAX	2,600	1,745	2,600	855
INCOME TAX	171	171		

Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Go to <u>www.irs.gov/Form990</u> for the latest information	OMB No 1545-0047
		2018
Name of the organization 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$ _____

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Employer identification number

56-2105544

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) <small>(See instructions)</small>	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization 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
-----------------	--

(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
	_____	_____	_____
	_____	_____	_____
	(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: 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	\$ 50,000	Person <input checked="" type="checkbox"/>
	547 S BUNKER HILL RD		Payroll <input type="checkbox"/>
	COLFAX, NC 27235		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>7</u>	NC DEPT OF NATURAL & CULTURAL RESOUR	\$ 27,344	Person <input checked="" type="checkbox"/>
	4605 MAIL SERVICE CENTER		Payroll <input type="checkbox"/>
	RALEIGH, NC 276994605		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>2</u>	KAREN CIENER	\$ 5,000	Person <input checked="" type="checkbox"/>
	509 PORTER CT		Payroll <input type="checkbox"/>
	KERNERSVILLE, NC 27284		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>8</u>	S J EDWARDS FOUNDATION	\$ 10,000	Person <input checked="" type="checkbox"/>
	PO BOX 9987		Payroll <input type="checkbox"/>
	GREENSBORO, NC 27429		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>3</u>	TOWN OF KERNERSVILLE	\$ 25,000	Person <input checked="" type="checkbox"/>
	PO BOX 728		Payroll <input type="checkbox"/>
	KERNERSVILLE, NC 27284		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>9</u>	KERNERSVILLE FOUNDATION	\$ 5,200	Person <input checked="" type="checkbox"/>
	PO BOX 921		Payroll <input type="checkbox"/>
	KERNERSVILLE, NC 27285		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

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		Person <input checked="" type="checkbox"/>
	1349 S PARK DRIVE C		Payroll <input type="checkbox"/>
	KERNERSVILLE, NC 27284	\$ 5,000	Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>5</u>	DAVID CIENER		Person <input checked="" type="checkbox"/>
	215 SOUTH MAIN ST		Payroll <input type="checkbox"/>
	KERNERSVILLE, NC 27284	\$ 10,000	Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>6</u>	THE DEAL FOUNDATION		Person <input checked="" type="checkbox"/>
	2021 BREVARD RD		Payroll <input type="checkbox"/>
	HIGH POINT, NC 27263	\$ 5,000	Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)