### DLN: 93491231001839 OMB No 1545-0052

2018

Form 990-PF

Department of the Treasury

Internal Revenue Service

**Return of Private Foundation** or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.
 Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

For	caler	ndar year 2018, or tax year beginning 01-01-20	)18 , ar	nd ending 12-31-	2018	
		Indation		A Employer ıd	entification numbe	r
IN.	AINA	KAI BOTANICAL GARDENS		99-0344486		
	ber and	d street (or P O box number if mail is not delivered to street address)	Room/suite	<b>B</b> Telephone nu	mber (see instruction	ns)
P	J 60X .	1134		(808) 828-0525	5	
		n, state or province, country, and ZIP or foreign postal code I 967541134	•	<b>C</b> If exemption	application is pendin	g, check here
<b>G</b> Cl	neck al	ll that apply 🔲 Initial return 🔲 Initial return of a	former public charity	<b>D 1.</b> Foreign or	ganızatıons, check he	ere 🗆
		☐ Final return ☐ Amended return			ganizations meeting	
		$\square$ Address change $\qquad\square$ Name change		test, chec	k here and attach co	mputation 🕨 🔲
H C	neck ty	vpe of organization ☑ Section 501(c)(3) exempt private	foundation		undation status was t n 507(b)(1)(A), chec	
	Section	n 4947(a)(1) nonexempt charitable trust		4.145. 5554.5		
		ket value of all assets at end  J Accounting method	☐ Cash ☐ Accru		ation is in a 60-month	
		from Part II, col (c),  ▶\$ 64,831,247  (Part I, column (d) must		under sectio	n 507(b)(1)(B), chec	k here ► □
Pa	rt I	Analysis of Revenue and Expenses (The total				(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue and expenses per	(b) Net investment income	(c) Adjusted net income	for charitable purposes
		equal the amounts in column (a) (see instructions) )	books	income	medine	(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	1,084,984			
	2	Check Dif the foundation is <b>not</b> required to attach				
	3	Sch B Interest on savings and temporary cash investments	5,256	5,256	5,256	
	4	Dividends and interest from securities	958,998		958,998	
	5a	Gross rents	258,337		258,337	
	ь	Net rental income or (loss) 258,337		250,557	230,337	
ω	6a	Net gain or (loss) from sale of assets not on line 10	115,846			
Ē	b	• , ,	·			
Reverue		Gross sales price for all assets on line 6a 17,204,486				
	7	Capital gain net income (from Part IV, line 2)		2,022,100		
	8	Net short-term capital gain			0	
	9	Income modifications			525,000	
	10a	Gross sales less returns and allowances 133,594	<del> </del>			
	b	Less Cost of goods sold 66,564	<del> </del>		67.020	
	C	Gross profit or (loss) (attach schedule)	67,030		67,030	
	11	Other income (attach schedule)	377,522		· ·	
	12	Total. Add lines 1 through 11	2,867,973		2,192,143	
	13	Compensation of officers, directors, trustees, etc	239,716	· · · · · · · · · · · · · · · · · · ·	143,830	<u> </u>
_	14	Other employee salaries and wages	934,956		182,233	<u> </u>
ses	15	Pension plans, employee benefits	174,302	0	27,180	147,122
ē	16a		<b>00-1</b> 20.662	0	0	20.662
EX	Ь	Accounting fees (attach schedule)	38,663			
Ve	_ c	Other professional fees (attach schedule)	149,419	149,419	149,419	0
and Administrative Expenses	17	Interest	187,450	28,692	49,418	133,753
<u>  </u>	18	Taxes (attach schedule) (see instructions)		<u> </u>	·	
Ē	19	Depreciation (attach schedule) and depletion	717,249	3,545	28,473	
Adı	20	Occupancy	1,048	0	0	1,048
рu	21	Printing and publications	1,048	0		1,048
g a	23	Other expenses (attach schedule)	1,131,955	0	26,371	1,108,712
Ξ.	24	Total operating and administrative expenses.	23 1,101,500		20,071	1,100,112
Operating		Add lines 13 through 23	3,574,758	229,599	606,924	2,288,863
О	25	Contributions, gifts, grants paid	3,374,730		333,524	2,230,363
	26	Total expenses and disbursements. Add lines 24 and				
	27	Subtract line 26 from line 12	3,574,758	229,599	606,924	2,288,863
	27	Subtract line 26 from line 12  Excess of revenue over expenses and				
	a	disbursements	-706,785			
	Ь	Net investment income (If negative, enter -0-)		3,034,571		
	С	Adjusted net income (If negative, enter -0-)			1,585,219	
For	Paper	work Reduction Act Notice, see instructions.		Cat No 11289>	( For	m <b>990-PF</b> (2018)

Form 990-PF (2018) Page 2 Attached schedules and amounts in the description column Beginning of year End of year Part II **Balance Sheets** should be for end-of-year amounts only (See instructions ) (a) Book Value (b) Book Value (c) Fair Market Value Cash-non-interest-bearing 143,871 214,890 214,890 2 1,485,587 726,299 726,299 Savings and temporary cash investments

	3	Accounts receivable ►			
		Less allowance for doubtful accounts ▶			
	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)   425,000			
		Less allowance for doubtful accounts ▶	0	425,000	425,00
5	8	Inventories for sale or use	79,972	84,750	84,75
sets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	18,784,068	13,972,131	13,972,13
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶258,837			
		Less accumulated depreciation (attach schedule) ►160,837	101,545	98,000	98,00
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ►			
		Less accumulated depreciation (attach schedule) ▶ 9,768,720	35,939,313	35,332,538	35,332,53
	15	Other assets (describe >)	12,110,134	13,977,639	13,977,63

### 16 Total assets (to be completed by all filers—see the 64,831,247 64,831,247 instructions Also, see page 1, item I) 68,644,490 17 6,719 3,593 Accounts payable and accrued expenses . 18 Grants payable Deferred revenue . 19 Loans from officers, directors, trustees, and other disqualified persons 20 Mortgages and other notes payable (attach schedule). . 21

\*

16,293

0

68,621,478

68.644.490

23,012

5,169

8,762

-3,798,993

64,822,485

64.831.247

2

3

4

5

6

68,621,478 -706,785

67,914,693

3,092,208

64,822,485 Form 990-PF (2018)

Liabilities

Fund Balances

ö

Assets

Net 30

2

3

4

5

22

23

24

25

26

27

28

29

31 Part III Other liabilities (describe

Unrestricted

Temporarily restricted Permanently restricted

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3 . . . .

Total liabilities(add lines 17 through 22) . . . . .

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here

Capital stock, trust principal, or current funds . . . .

Total net assets or fund balances (see instructions) .

Paid-in or capital surplus, or land, bldg , and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total liabilities and net assets/fund balances (see instructions) .

**Analysis of Changes in Net Assets or Fund Balances** 

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Foundations that follow SFAS 117, check here ▶

	e the kınd(s) of property sold (e g , rehouse, or common stock, 200 shs		How acquired P—Purchase D—Donation		(c) te acquired o , day, yr )	<b>(d)</b> Date sold (mo , day, yr )
<b>1a</b> See Additional Data Table						
b						
С						
d						
e						
(e)	(f)	(	g)		(1	1)
Gross sales price	Depreciation allowed		ther basis			r (loss)
a See Additional Data Table	(or allowable)	pius expe	nse of sale	+	(e) plus (r	) minus (g)
	:			+		
b				+		
C				+		
d				+		
e			12/21/60	+		
Complete only for assets	showing gain in column (h) and ow	i		_		l) n) gain minus
(i)	(j) Adjusted basis		<b>k)</b> of col(ı)	l co		less than -0-) <b>or</b>
F M V as of 12/31/69	as of 12/31/69		(j), if any			om col (h))
a See Additional Data Table						
b						
С						
d						
e						
2 Capital gain net income	or (net capital loss)	If gain, also enter in Pa If (loss), enter -0- in P		2		2,022,100
· -	ain or (loss) as defined in sections : t I, line 8, column (c) (see instruction		· · }	3		-262,659
Part V Qualification U	Inder Section 4940(e) for Re	duced Tax on Net	Investment I	ncome	;	
(For optional use by domestic pi	rivate foundations subject to the sec	tion 4940(a) tax on net	t investment inco	me )		
If section 4940(d)(2) applies, le	ave this part blank				_	_
Was the foundation liable for the	e section 4942 tax on the distributal	ole amount of any year	in the base perio	d۶	∐ Y€	es 🗹 No
If "Yes," the foundation does no	t qualify under section 4940(e) Do	not complete this part				
	ount in each column for each year,	see instructions before	making any entri	es		
(a) Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharitable	e-use assets	(col	(d) Distribution rati (b) divided by co	
2017	4,045,236		18,957,292			0 213387
2016	4,181,623		16,984,204			0 246207
2015	3,618,687		16,190,603			0 223505
2014	4,001,210		11,655,864			0 343279
2013	4,529,307		5,123,980			0 883943
2 Total of line 1, column (c	•					1 910321
	for the 5-year base period—divide		0, or by the 3			0 382064
	dation has been in existence if less ncharitable-use assets for 2018 from		: : :   <u>3</u>	-		19,058,044
5 Multiply line 4 by line 3		•	<del>  7</del>	+		7,281,393
. , , ,	nt income (1% of Part I, line 27b)		<u>5</u>	+		30,346
			<del>8</del>	+		7,311,739
	one from Dark VII June 4		· · · · · · · · · · · · · · · · · · ·	+		
	ons from Part XII, line 4    ,    .   . ater than line 7, check the box in Pa		<u>8</u>	  ng	% tay rate So	2,783,673
instructions	act didn into 7, check the box in re	are vi, mic ib, and com	piete tilat part us	y a 1		rm <b>990-PF</b> (2018)

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Pa	rt VIII-B Statements Regardin	ng Activities for Which	Form 4720 May Be	Required (cor	ntinued)				
5a	During the year did the foundation pay	•						Yes	No
	<ul><li>(1) Carry on propaganda, or otherwise</li><li>(2) Influence the outcome of any specton, directly or indirectly, any votes</li></ul>	cific public election (see sec	tion 4955), or to carry		Yes 🔽	No			
	(3) Provide a grant to an individual fo (4) Provide a grant to an organization	r travel, study, or other sım	ılar purposes?		Yes Yes	No No			
	in section 4945(d)(4)(A)? See inst (5) Provide for any purpose other than			🗆	Yes 🛂	No No			
b	educational purposes, or for the pi If any answer is "Yes" to 5a(1)–(5), di	· ·				No			
	Regulations section 53 4945 or in a cu	rrent notice regarding disas	ter assistance? See instr	uctions			5b		
	Organizations relying on a current not	ice regarding disaster assist	ance check here		. ▶ ┌	7			
C	If the answer is "Yes" to question 5a(4	), does the foundation clair	n exemption from the		_	_			
	tax because it maintained expenditure  If "Yes," attach the statement required				Yes	] No			
<b>6</b> a	Did the foundation, during the year, re	eceive any funds, directly or	indirectly, to pay premit	ms on					
	a personal benefit contract?				Yes 🔽	No			
Ь	Did the foundation, during the year, p.	ay premiums, directly or inc	lirectly, on a personal be	nefit contract? .			6b		No
	If "Yes" to 6b, file Form 8870	L - 6				_			
7a	At any time during the tax year, was t If yes, did the foundation receive any			ш	Yes 🛂	No	7b		
ь 8	Is the foundation subject to the section				or .		10		
•	excess parachute payment during the				_	<b>7</b> 1			
	Information About Of	•		nagers Highl	Yes 🛂	<u> </u>	Vees		
Pa	and Contractors						<b></b>	,	
_1_	List all officers, directors, trustees,								
	(a) Name and address	<ul><li>(b) Title, and average hours per week devoted to position</li></ul>	(c) Compensation (If not paid, enter -0-)	(d) Contributemployee benefit deferred comp	t plans ar		) Exper other a		
See	Additional Data Table								
2	Compensation of five highest-paid	employees (other than t	hose included on line 1			one, e	enter "	NONE	."
(a)	Name and address of each employee pa more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contribu employee b plans and do compensa	enefit eferred		Expen ther al		
ROB	ERTO IGAYA	GROUNDS CREW	71,32	1	9,876	5			C
РО В	OX 1134	MANAGER 40 00							
	UEA, HI 967541134								
	STOPHER FERNANDES	MECHANIC 60 00	64,03	8	12,716	5			C
	OX 1134 UEA, HI 967541134	00 00							
	IN PASCUAL	CARPENTER 50 00	62,40	0	11,279	9			C
	OX 1134 UEA, HI  967541134	30 00							
	TI M BERRETT	EVENTS DIRECTOR	55,23	1	7,051				
	OX 1134	40 00			•				
KILA	UEA, HI 967541134					-			
	I more than at all an array array array array array at					_			
rota	I number of other employees paid over	\$50,000			<u> </u>	 	rm <b>99</b>	N-PF	(2012

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Part VIII Information About Officers, Directors, Trus and Contractors (continued)	stees, Foundation Managers, Highly Paid E	imployees,
3 Five highest-paid independent contractors for professiona	l services (see instructions). If none, enter "NO	NE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
KOBAYASHI TRUCKING INC	CONSTRUCTION	293,207
PO BOX 44 HANALEI, HI 96714		
NATHAN WOOD GENERAL CONTRACTOR LLC	PHOTO VOLTAIC SYSTEM	77,083
PO BOX 45 KAPAA, HI 96746		
PETITT ENTERPRISES	CONSTRUCTION	58,421
364 PUA ROAD KAPAA, HI 96746		
KAUAI POOL SERVICE LLC	CLEANING & MAINTENANCE	54,496
PO BOX 1123 KEKAHA, HI 96752		
Total number of others receiving over \$50,000 for professional service	es	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. In organizations and other beneficiaries served, conferences convened, research paper.		Expenses
1 TO PROMOTE INTEREST AND AWARENESS IN TROPICAL HORTICUL THE NA AINA KAI BOTANICAL GARDENS AVAILABLE TO THE PUBLI		2,288,863
2 EDUCATIONAL TOURS OF THE NA AINA KAI BOTANICAL GARDENS THE STUDY OFTROPICAL HORTICULTURE, AGRICULTURE, AND FOI	•	0
3 OPERATING A PLANT NURSERY AND GIFT SHOP		0
4		
Part IX-B Summary of Program-Related Investments	s (see instructions)	
Describe the two largest program-related investments made by the foundation	during the tax year on lines 1 and 2	Amount
1		_
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		0
		Form <b>990-PF</b> (2018)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

3

4

5

2

3a 3h

4

5

494,810

2.783.673

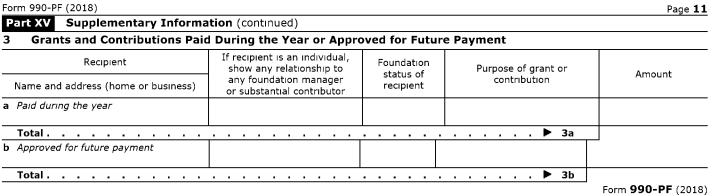
2.783.673

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Forn	n 990-PF (2018)				Page <b>9</b>					
P	Part XIII Undistributed Income (see instructions)									
		(a) Corpus	(b) Years prior to 2017	<b>(c)</b> 2017	( <b>d)</b> 2018					
1	Distributable amount for 2018 from Part XI, line 7	<u> </u>	rears prior to 2017	2017	2018					
	Undistributed income, if any, as of the end of 2018									
a	Enter amount for 2017 only	°								
b										
3		_								
_	From 2013									
a b										
_	From 2015									
	From 2016									
	From 2017									
	Total of lines 3a through e									
	Qualifying distributions for 2018 from Part									
, T	XII, line 4 ▶ \$									
a	Applied to 2017, but not more than line 2a									
	Applied to undistributed income of prior years									
	(Election required—see instructions)									
С	Treated as distributions out of corpus (Election required—see instructions)									
d	Applied to 2018 distributable amount.									
	Remaining amount distributed out of corpus									
	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:									
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5									
b	Prior years' undistributed income Subtract line 4b from line 2b									
С	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									
е	Undistributed income for 2017 Subtract line									
	4a from line 2a Taxable amount—see									
_ ا	instructions				_					
f	Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019	_								
7	Amounts treated as distributions out of	•								
	corpus to satisfy requirements imposed by									
	section 170(b)(1)(F) or 4942(g)(3) (Election may									
1	be required - see instructions)									
8	Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions).									

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		
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)		

applied on line 5 or line 7 (see instructions) . . . **9 Excess distributions carryover to 2019.** Subtract lines 7 and 8 from line 6a . . . 10 Analysis of line 9 a Excess from 2014.



Part XV	I-A Analysis of Income-Producing	Activities				rage La
Enter gross	amounts unless otherwise indicated		usiness income	Excluded by section		(e) Related or exempt function income
_	n service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	( <b>d)</b> Amount	(See instructions )
a <u>TOU</u>		-				325,95
	CIAL EVENTS	-				10,02
<b>g</b> Fees	and contracts from government agencies					
	rship dues and assessments					
3 Interes	t on savings and temporary cash nents					
	nds and interest from securities.	-		14	5,256 958,998	
	ital income or (loss) from real estate			14	930,990	
	financed property					
	ebt-financed property			16	258,337	
6 Net rer	ital income or (loss) from personal property					
	nvestment income					
8 Gain or invento	(loss) from sales of assets other than					
	ory			18	115,846	
	or (loss) from special events profit or (loss) from sales of inventory					67,030
<b>11</b> Other i						07,00
a <sub>GET</sub>						15,558
<b>b</b> OTHER	RINCOME					6,51
c MORTO	GAGE INTEREST			14	19,479	
12 Subtot 13 Total	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)		C	) <u> </u>	1,357,916 <b>3</b>	425,073 1,782,989
(See w	orksheet in line 13 instructions to verify calcu	ilations )			s	1,702,903
Part XV			hment of Exem	pt Purposes		
Line No.	Explain below how each activity for which					
▼	the accomplishment of the foundation's exinstructions )	kempt purposes	(other than by pro-	viding funds for such	purposes) (See	
1A	FEES FOR GUIDED TOURS OF BOTANICAL G	ARDENS				
1B	PUBLIC EVENTS TO PROMOTE INTEREST AN		OF THE BOTANICAL	_ GARDENS		
10	GIFT SHOP SALES OF MERCHANDISE RELAT	ED TO BOTANIC	AL GARDENS			
11A	GET COLLECTED ON SALES RELATED TO BO	TANICAL GARDE	NS THEN PAID TO	STATE		
11B	OTHER INCOME RELATED TO EXEMPT PURPO	OSE				
		<u> </u>		•		
	I				Fo	rm <b>990-PF</b> (2018

. ,	<del></del> /
П	Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part	XVII	Information Re		ransters To a	and Transaction	ons and Rela	ationships With Nonchai	itable		
			directly enga				zation described in section 50: ations?		Yes	No
<b>a</b> Tra	nsfers	from the reporting foun	idation to a r	oncharitable exe	empt organization	n of				
(1)	Cash							1a(1)		No
(2)	Othe	r assets						1a(2)		No
<b>b</b> Oth	er trar	sactions								
		of assets to a nonchar		-				1b(1)	_	No
		nases of assets from a r						1b(2)		No
		al of facilities, equipmer	•					1b(3)		No
		bursement arrangemen s or loan guarantees.						1b(4) 1b(5)	_	No No
		mance of services or m						1b(5)		No
			•	-				1c		No
	_		-	· ·			Id always show the fair market			
							ceived less than fair market va assets, or services received	iue		
(a) Line	No	(b) Amount involved	(c) Name of	noncharitable exe	mpt organization	(d) Description	on of transfers, transactions, and sl	arıng arra	ingemen	ıts
	+									
		ndation directly or indire	•	•	•		<u> </u>	<b>✓</b> No		
		in section 501(c) (other		n 501(c)(3)) or i	in section 52//.		Ц Yes	M No		
D If "	res, c	omplete the following s (a) Name of organization		1 0	<b>b)</b> Type of organizat	ion I	(c) Description of rela	tionshin		
		(a) Name of organization	511	(-	b) Type of organizat	ion .	(c) Description of rela	Попапір		
	Und	or populties of portury	I doclare tha	et I have evamin	od this roturn in	sluding accomp	eanying schedules and stateme	nto and	to the	host
	of m		f, it is true, c				ther than taxpayer) is based o			
Sign		*****	-		2019-08-19	****		the IRS d	iscuss th	าเร
Here					2013 00 13	\		the prepa	rer shov	٧n
	<b>,</b>	Signature of officer or t	rustee		Date	Title	belo (see	w : instr )? [	✓ Yes	□ No
		Print/Type preparer's	s name	Preparer's Sigr	nature	Date	PTIN			
							Check if self- employed ▶ □	P0022	0997	
Paid		MELANIE A KING					employed P 🗀			
Prep	arer		10000:===	CDAG						
Use		Thin shaller city	ASSOCIATES	CPAS			Firm's	EIN ►26	-16592	234
			00 BISHOP S	TREET SUITE 10	40					
		н	ONOLULU, HI	96813			Phone	no (808	3) 531-	1040

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, (d) (b) (c) How acquired (a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation Р MORGAN STANLEY #505 Р 1 MORGAN STANLEY #807 MORGAN STANLEY #825 Ρ Р MORGAN STANLEY #161 Ρ MORGAN STANLEY #807 Ρ MORGAN STANLEY #825 Р MORGAN STANLEY #003 Р MORGAN STANLEY #161 Ρ SALE OF PROPERTY Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (g) plus expense of sale (or allowable) (h) (e) plus (f) minus (g) (f) 994,983 421,961 573,022 2,603,838 -191,466 2,412,372 1,527,158 1,596,270 -69,112 88,377 90,458 -2,081 5,502,622 4,438,877 1,063,745 2,231,762 1,870,788 360,974 811,839 451,488 360,351 3,110,373 3,362,566 -252,193 525,000 346,140 178,860 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any 573,022 -191,466 -69,112 -2,0811,063,745 360,974 360,351 -252,193 178,860

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) (e) hours per week not paid, enter Contributions to Expense account, (b) devoted to position -0-) employee benefit other allowances plans and deferred compensation JOYCE H DOTY VICE PRES/DIRECTOR 30 00 PO BOX 1134 KILAUEA, HI 967541134 CHARLES S O'NEILL 158,308 4,749 CHAIR/PRES/SECR/DIRECTOR/EXEC DIR PO BOX 1134 50 00 KILAUEA, HI 967541134 SALLY PSAILA TREASURER/DIRECTOR 0 0 3 00 2 00 PO BOX 1134 KILAUEA, HI 967541134 MARTHA FERNANDES DIRECTOR/HORTICULTURIST 64,423 12,236 50 00 PO BOX 1134 KILAUEA, HI 967541134

CHRIS YORK DIRECTOR 0	0	0
PO BOX 1134 KILAUEA, HI 967541134		
LORI TAIRA DIRECTOR 0	0	0

DIRECTOR 2 00

PHIL DOW

PO BOX 1134

KILAUEA, HI 967541134

efile GRAPHIC print - DO NOT F	ROCESS As Filed D	ata -	DL	.N: 93491231001839							
TY 2018 Accounting Fees Schedule											
_											
Name: NA 'AINA KAI BOTANICAL GARDENS											
<b>EIN:</b> 99-0344486											
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes							
ACCOUNTING	38,663	0	0	38,663							

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

## TY 2018 Depreciation Schedule

Name: NA 'AINA KAI BOTANICAL GARDENS

**EIN:** 99-0344486

### **Depreciation Schedule**

Description of Date Cost or Other Prior Years' Computation Method Rate / **Current Year's** Net Investment Adjusted Net Cost of Goods Property Basis Depreciation Life (# of years) Depreciation Income Income Sold Not Acquired Expense Included BUILDINGS & 17,280,595 6,137,776 0 % 503,753 **IMPROVEMENTS** (CHARITABLE) LAND AND 26,346,083 1,869,161 0 % 94,513 **IMPROVEMENTS** (CHARITABLE) 0 % EQUIPMENT 786,415 505,222 65,892 FURNITURE, FIXTURES. 58,296 33,365 0 % 8,852 AND EQUIPMENT OFFICE EQUIPMENT 119,218 101,759 0 % 3,932 VEHICLES 0 % 202,950 155,060 11,834 OFFICE EQUIPMENT 5,694 3,122 0 % 718 718 (POS SYSTEM) 0 % VEHICLES (TOUR) 302,007 249,551 24,210 24,210 0 % 3,545 3,545 3,545 **BUILDINGS &** 258,837 157,292 IMPROVEMENTS (INVESTMENT)

TY 2018 General Explanation Attachment

DLN: 93491231001839

Name: NA 'AINA KAI BOTANICAL GARDENS

**EIN:** 99-0344486

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General Explanation Attachment

General L	eneral Explanation Attachment						
Identifier	Return Reference	Explanation					
1		, ,	CERTAIN BOARD MEMBERS ARE AFFILIATED WITH ENTITIES THAT ARE COMPENSATED FOR PERSONAL SERVICES PROVIDED TO THE FOUNDATION, SUCH AS ACCOUNTING SERVICES				

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491231001839			
TY 2018 Investments Corporate Stock Schedule						
Name: 1	NA 'AINA KAI BOT	ANICAL GARDENS				

13,972,131

13,972,131

<b>EIN:</b> 99-0344486		
Investments Corporation Stock Schedule		
Name of Stock	End of Year Book Value	End of Year Fair Market Value

00 0044406

MARKETABLE SECURITIES

**EIN:** 99-0344486

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Name: NA 'AINA KAI BOTANICAL GARDENS

DLN: 93491231001839

 Category/ Item
 Cost/Other Basis
 Accumulated Depreciation
 Book Value Market Value

 BUILDINGS & IMPROVEMENTS (INVESTMENT)
 258,837
 160,837
 98,000

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# TY 2018 Land, Etc. **Schedule**

Name: NA 'AINA KAI BOTANICAL GARDENS

<b>EIN:</b> 99-0344486						
Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value		
BUILDINGS & IMPROVEMENTS (CHARITABLE)	17,280,595	6,641,529	10,639,066			
LAND AND IMPROVEMENTS (CHARITABLE)	26,346,083	1,963,674	24,382,409			
EQUIPMENT	786,415	571,114	215,301			
FURNITURE, FIXTURES, AND EQUIPMENT	58,296	42,217	16,079			
OFFICE EQUIPMENT	119,218	105,691	13,527			
VEHICLES	202,950	166,894	36,056			
OFFICE EQUIPMENT (POS SYSTEM)	5,694	3,840	1,854			
VEHICLES (TOUR)	302,007	273,761	28,246			

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## TY 2018 Other Assets Schedule

Name: NA 'AINA KAI BOTANICAL GARDENS

**EIN:** 99-0344486

<b>22.11</b> 33 03 11 100						
Other Assets Schedule						
Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value			
BRONZE STATUES & ARTWORK	9,414,338	9,490,340	9,490,340			
HARDWOOD TREES	106,000	106,000	106,000			
LIFE INSURANCE CASH VALUE	233,082	251,907	251,907			
ANNUITY VALUE	2,356,614	4,129,392	4,129,392			
OTHER ASSETS	100	0	0			

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TY 2018 Other Decreases Schedule						
Name:	NA 'AINA KAI	BOTANICAL GARDENS				
EIN:	99-0344486					
Description			Amount			

UNREALIZED LOSSES ON MARKETABLE SECURITIES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	93491231001839		
TY 2018 Other Expenses Schedule						
Name:	NA 'AINA KAI B	OTANICAL GARD	ENS			
EIN:	99-0344486					
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		

29,276

5,687

9,645

34,231

2,320

400

200

3,298

3,049

38

0

0

0

0

0

0

0

0

0

MARKETING EXPENSES
AUTOMOBILE EXPENSE

BANK FEES

CATERING

CONTRACT LABOR

CONTRIBUTIONS

**EVENTS & WEDDINGS** 

**DUES & SUBSCRIPTIONS** 

**MUSICIANS & ENTERTAINERS** 

EQUIPMENT, FURNITURE, FIXTURES

29,436

5,865

9,725

34,312

2,320

3,243

3,049

38

0

400

200

0

0

Description Revenue and **Net Investment Adjusted Net** Disbursements for Charitable Expenses per Income Income Books Purposes 2,000 **EQUIPMENT RENTAL** 2,000 INSURANCE 665,551 0 665,551

Other Expenses Schedule

**PLANTS** 

REPAIRS

**POSTAGE & DELIVERY** 

**OUTSIDE SERVICES** 

**SUBCONTRACTORS** 

SUPPLIES & OFFICE EXPENSE

	,			·
LICENSES, PERMITS, & FEES	19	0	0	19
MERCHANT FEES	12,563	0	12,563	0

190

5,109

96,013

11,038

30,488

45,715

190

5,067

97,656

30,488

47,204

9,538

Description Revenue and Net Investment Adjusted Net Disbursements for Expenses per Income Income Charitable Purposes

15,147

154,540 4,862

	Books			Purp
TELEPHONE	15,147	0	0	
TOUR FOOD	1,624	0	1,670	

154,540

3,814

Other Expenses Schedule

UTILITIES

VOLUNTEER EXPENSE

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### TY 2018 Other Income Schedule

Name: NA 'AINA KAI BOTANICAL GARDENS

**EIN:** 99-0344486

Other Income Schedule					
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income		
TOUR FEES	325,955		325,955		
SPECIAL EVENTS	10,020		10,020		
GET	15,558		15,558		
OTHER INCOME	6,510		6,510		
MORTGAGE INTEREST	19,479	19,479	19,479		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		D	LN: 93491231001839		
TY 2018 Other Liabilities Schedule						
Name: NA 'AINA KAI BOTANICAL GARDENS						
		DOTAINICAL V	OARDENS			
EIN:	99-0344486					
Description	n		Beginning of Year - Book Value	End of Year - Book Value		
PAYROLL LIABILITIES			16,293	4,837		
OTHER CURRENT LIABILITIES			0	332		

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TY 2018 Other Professional Fees Schedule					
Name: NA 'AINA KAI BOTANICAL GARDENS					
EIN: 99-0344486					
EIN. 99-0344400					
Category	Amount	Net Investment	Adjusted Net	Dishursements	

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable
		Income	Income	Purposes

149,419

149,419

149,419

INVESTMENT MANAGEMENT FEES

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TY 2018 Taxes Schedule					
Name: NA 'AINA KAI BOTANICAL GARDENS					
<b>EIN:</b> 99-0344486					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
GENERAL EXCISE TAX	18,657	10,153	18,657	0	
PROPERTY TAX	2,628	2,628	2,628	0	
PAYROLL TAXES	105,820	4,279	16,501	85,040	
NET INVESTMENT INCOME TAX	48,713	0	0	48,713	
FOREIGN TAX	11,632	11,632	11,632	0	

efile GRAPHIC print - Do	NOT PROCESS As	Filed Data -				DLN: 93491231001839	
Schedule B		Schedule	e of Contributor	rs		OMB No 1545-0047	
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	<b>▶</b> Go	► Attach to Form 990, 990-EZ, or 990-PF Go to <u>www irs gov/Form990</u> for the latest information				2018	
<b>Name of the organizatio</b> NA 'AINA KAI BOTANICAL					Employer ide	entification number	
Organization type (chec	k one)				99-0344486		
Filers of:	Section:						
Filers OI.	Section.						
Form 990 or 990-EZ	☐ 501(c)( ) (en	ter number) orga	anization				
	☐ 4947(a)(1) no	nexempt charita	ble trust <b>not</b> treated as	a private foundat	ion		
	☐ 527 political o	rganization					
Form 990-PF	<b>☑</b> 501(c)(3) exe	mpt private foun	dation				
	☐ 4947(a)(1) no	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	☐ 501(c)(3) taxa	501(c)(3) taxable private foundation					
	tion filing Form 990, 990 oroperty) from any one						
Special Rules							
under sections 50 received from any	on described in section 9(a)(1) and 170(b)(1)(A one contributor, during 11, or (ii) Form 990-E2	(v), that check the year, total o	ed Schedule A (Form 9 contributions of the grea	90 or 990-EZ), Pa	art II, line 13, 1	16a, or 16b, and that	
during the year, to	on described in section otal contributions of mor ne prevention of cruelty	re than \$1,000 <i>e</i>	xclusively for religious,	charitable, scient			
during the year, c If this box is chec purpose Don't co	on described in section contributions exclusively ked, enter here the tota mplete any of the parts le, etc, contributions to	for religious, chall contributions the unless the <b>Gen</b> eral	aritable, etc , purposes lat were received during <b>eral Rule</b> applies to this	, but no such cont g the year for an $\epsilon$ s organization bed	ributions total exclusively reli cause it receiv	ed more than \$1,000 gious, charitable, etc , red <i>nonexclusively</i>	
Caution. An organization 990-EZ, or 990-PF), but i Form 990-EZ or on its Fo 990-EZ, or 990-PF)	t <b>must</b> answer "No" on	Part IV, line 2, o	fits Form 990, or check	k the box on line h	l of its		
For Paperwork Reduction Ad for Form 990, 990-EZ, or 990		ons	Cat No 30613X	Schedu	e B (Form 990,	990-EZ, or 990-PF) (2018)	

Name of organization

**Employer identification number** 

NA 'AINA KAI BOTANICAL GARDENS 99-0344486 Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is needed (a) (d) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person JOYCE DOTY Payroll PO BOX 582 \$ 1,063,845 Noncash KILAUEA, HI 96754 (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person LARRY AND SANDY BERTOLONE **Payroll** 1537 MANZANITA AVE \$ 5,000 Noncash SANTA ROSA, CA 95404 (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **GREGG TAKARA Payroll** 4370 KUKUI GROVE STREET SUITE 111 \$5,000 Noncash LIHUE, HI 96766 (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II for noncash contributions) (b) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (c) (a) (b) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions )

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)