

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

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization		D Employer identification number
	GANNA WALSKA LOTUSLAND		23-7082550
	Doing Business As		
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number
695 ASHLEY ROAD			(805) 969-3767
City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 5,718,809.	
SANTA BARBARA, CA 93108		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: GWEN STAUFFER SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)	
J Website: WWW.LOTUSLAND.ORG		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2009	M State of legal domicile: CA

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO PRESERVE AND ENHANCE THE UNIQUE AND HISTORIC ESTATE OF MADAME GANNA WALSKA.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	52
	6 Total number of volunteers (estimate if necessary)	6	242
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,536,672.	2,386,528.
	9 Program service revenue (Part VIII, line 2g)	388,858.	476,825.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	663,106.	690,335.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-29,242.	10,111.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,559,394.	3,563,799.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,847,619.	1,982,986.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 535,778.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	938,905.	933,649.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,786,524.	2,916,635.	
19 Revenue less expenses. Subtract line 18 from line 12	-227,130.	647,164.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 19,132,086.	End of Year 19,897,642.
	21 Total liabilities (Part X, line 26)	164,872.	207,510.
	22 Net assets or fund balances. Subtract line 21 from line 20	18,967,214.	19,690,132.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	GWEN STAUFFER, EXECUTIVE DIRECTOR				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	CATHERINE MACAULAY				P00178796
	Firm's name ▶ DAMITZ, BROOKS, NIGHTINGALE	Firm's EIN ▶ 77-0076647			
	Firm's address ▶ 200 EAST CARRILLO STREET, SUITE 303 SANTA BARBARA, CA 93101	Phone no. 805-963-1837			

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO PRESERVE AND ENHANCE THE UNIQUE, HISTORIC ESTATE OF MADAME GANNA WALSKA, CARE FOR AND IMPROVE ITS COLLECTIONS, AND DEVELOP ITS CONSERVATION AND HORTICULTURE PROGRAMS, SO THEY CAN EDUCATE, INSPIRE, AND ADVANCE OUR UNDERSTANDING AND APPRECIATION OF THE IMPORTANCE OF

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 280,737. including grants of \$) (Revenue \$ 448,276.) ADMISSIONS: IN LATE 1993, LOTUSLAND OPENED WITH A COUNTY PERMIT LIMIT OF 5,000 VISITORS PER YEAR. TODAY, 15,000 VISITORS PER YEAR CAN VISIT THE GARDENS ALONG WITH 5,000 SANTA BARBARA COUNTY K-12 STUDENTS (WITH AN EMPHASIS ON TITLE 1 SCHOOLS). ALL OF LOTUSLAND'S VISITORS, INCLUDING MEMBERS AND THOSE ATTENDING CLASSES, LECTURES, AND OTHER PROGRAMS, MUST MAKE ADVANCE RESERVATIONS. MOST OF THESE VISITORS TOUR THE GROUNDS WITH A TRAINED VOLUNTEER DOCENT. OVER HALF OF THE VISITORS ARE FROM SANTA BARBARA COUNTY. THE REMAINING POPULATION SERVED IS NATIONAL AND INTERNATIONAL IN SCOPE. OF THE 20,000 TOTAL VISITORS ALLOWED, ONE-THIRD ARE GIVEN FREE ACCESS TO THE GARDEN THROUGH LOTUSLAND'S VARIOUS COMMUNITY AND OUTREACH PROGRAMS.

4b (Code:) (Expenses \$ 382,882. including grants of \$) (Revenue \$ 97,680.) PUBLIC PROGRAMS: OPEN PATHWAYS - LOTUSLAND'S OPEN PATHWAYS PROGRAM IS A MISSION-DRIVEN OUTREACH PROGRAM THAT PROVIDES FREE ADMISSION AND DOCENT TOURS OF OUR GARDENS TO VERY LOW-INCOME INDIVIDUALS, INCLUDING SENIORS, AT-RISK YOUTH AND THOSE WITH SPECIAL NEEDS. THE PROGRAM TARGETS THOSE WHO ARE UNLIKELY TO HAVE ACCESS TO CRITICAL CULTURAL INSTITUTIONS, AND IS OFTEN IMPLEMENTED THROUGH COLLABORATION WITH A MYRIAD OF LOCAL NON-PROFIT AGENCIES WHO SERVE THOSE IN NEED SO WE CAN EFFECTIVELY TARGET THOSE POPULATIONS AND ENHANCE THEIR EXPERIENCE AT LOTUSLAND. INDEPENDENT LIVING RESOURCE CENTER OF SANTA BARBARA STAFF WORK CLOSELY WITH OUR STAFF AND DOCENTS IN ORDER TO TEACH THEM THE PERSPECTIVE OF PEOPLE WITH DISABILITIES AND HOW TO COMFORTABLY AND SENSITIVELY ASSIST THESE PEOPLE SO THEY HAVE THE MOST FULFILLING TOUR OF THE GARDENS. IN

4c (Code:) (Expenses \$ 1,116,064. including grants of \$) (Revenue \$) GARDEN OPERATIONS: GARDEN AND PLANT COLLECTION CURATION - GANNA WALSKA LOTUSLAND'S PLANT COLLECTIONS INCLUDE OVER 3,000 TAXA, MANY OF THEM GLOBALLY RARE. THE MAJORITY OF THE COLLECTION REPRESENTS SPECIES FROM THE MEDITERRANEAN REGIONS AROUND THE WORLD, AND MANY ARE RARE, ENDANGERED OR EXTINCT IN THE WILD. COLLECTIONS INCLUDE CACTI, SUCCULENTS, CYCADS, PALMS, FERNS, BEGONIAS AND CONIFERS. THEMED GARDENS INCLUDE A JAPANESE GARDEN, OUTDOOR THEATER, TOPIARY GARDEN AND FERN GARDEN. THE CYCAD COLLECTION IS INCLUDED IN THE NORTH AMERICAN PLANT COLLECTION CONSORTIUM AND LOTUSLAND PARTICIPATES IN AN INTERNATIONAL CYCAD GROUP FOCUSED ON CYCAD CONSERVATION. ALL COLLECTIONS ARE MADE AVAILABLE TO VISITING BOTANICAL RESEARCHERS WORKING IN CONSERVATION.

4d Other program services (Describe in Schedule O.) (Expenses \$ 71,761. including grants of \$) (Revenue \$)

4e Total program service expenses 1,851,444.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
25b			X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
26			X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
27			X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28a			X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b			X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
29		X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
32			X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
33			X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
34			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35a			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36			X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
37			X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	
38		X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Main table with columns for question number, description, sub-questions (1a-13c), and Yes/No columns. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance items.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	20		
1b	Enter the number of voting members included in line 1a, above, who are independent		
	20		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **GWEN STAUFFER - (808) 969-3767**
695 ASHLEY ROAD, SANTA BARBARA, CA 93108

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LARRY DURHAM PRESIDENT	2.00	X		X				0.	0.	0.
(2) CONNIE PEARCY VICE PRESIDENT	2.00	X		X				0.	0.	0.
(3) IAN FISHER SECRETARY	2.00	X		X				0.	0.	0.
(4) WILLIAM M. DAUGHERTY TREASURER	2.00	X						0.	0.	0.
(5) MARC APPLETON TRUSTEE	2.00	X						0.	0.	0.
(6) DEBBY BALDWIN TRUSTEE	2.00	X						0.	0.	0.
(7) DANIEL BIFANO TRUSTEE	2.00	X						0.	0.	0.
(8) ANDY CHOU TRUSTEE	2.00	X						0.	0.	0.
(9) GEOFF CRANE TRUSTEE	2.00	X						0.	0.	0.
(10) MASON FARRELL TRUSTEE	2.00	X						0.	0.	0.
(11) ISABELLE GREENE TRUSTEE	2.00	X						0.	0.	0.
(12) DAWN LAFITTE TRUSTEE	2.00	X						0.	0.	0.
(13) SUZANNE MATHEWS TRUSTEE	2.00	X						0.	0.	0.
(14) JOEY PEARSON TRUSTEE	2.00	X						0.	0.	0.
(15) EILEEN RASMUSSEN TRUSTEE	2.00	X						0.	0.	0.
(16) SUSANNE TOBEY TRUSTEE	2.00	X						0.	0.	0.
(17) LELAND WALMSLEY TRUSTEE	2.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LYNDA WEINMAN TRUSTEE	2.00	X						0.	0.	0.
(19) PEGGY WILEY TRUSTEE	2.00	X						0.	0.	0.
(20) CRYSTAL WYATT TRUSTEE	2.00	X						0.	0.	0.
(21) GWEN STAUFFER EXECUTIVE DIRECTOR	40.00			X				144,519.	0.	26,632.
(22) DIANE FIGUEROA CHIEF FINANCIAL OFFICER	20.00			X				38,652.	0.	13,765.
1b Sub-total								183,171.	0.	40,397.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								183,171.	0.	40,397.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	402,430.				
	c Fundraising events	1c	412,160.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,571,938.				
	g Noncash contributions included in lines 1a-1f: \$		68,961.				
	h Total. Add lines 1a-1f		2,386,528.				
	Program Service Revenue	2 a <u>ADMISSION FEES</u>	Business Code 110000	379,145.	379,145.		
b <u>EDUCATIONAL PROGRAM FEES</u>		110000	97,680.	97,680.			
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f			476,825.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		441,571.			441,571.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	27,391.				
		(ii) Personal	0.				
		b Less: rental expenses					
		c Rental income or (loss)		27,391.			
	d Net rental income or (loss)		27,391.			27,391.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	2,100,718.				
		(ii) Other	1,500.				
		b Less: cost or other basis and sales expenses		1,841,965.	11,489.		
		c Gain or (loss)		258,753.	-9,989.		
	d Net gain or (loss)		248,764.			248,764.	
	8 a Gross income from fundraising events (not including \$ 412,160. of contributions reported on line 1c). See Part IV, line 18	a	131,135.				
		b Less: direct expenses		227,875.			
c Net income or (loss) from fundraising events			-96,740.			-96,740.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a	142,812.					
	b Less: cost of goods sold		73,681.				
	c Net income or (loss) from sales of inventory		69,131.	69,131.			
Miscellaneous Revenue		Business Code					
11 a OTHER INCOME		900099	10,329.			10,329.	
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			10,329.			
12 Total revenue. See instructions.			3,563,799.	545,956.	0.	631,315.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	223,568.	20,538.	180,780.	22,250.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,346,152.	965,315.	110,824.	270,013.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	284,070.	188,103.	44,465.	51,502.
10 Payroll taxes	129,196.	79,677.	27,255.	22,264.
11 Fees for services (non-employees):				
a Management				
b Legal	207.		207.	
c Accounting	35,636.		35,636.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	59,983.		59,983.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	26,900.	10,138.	16,762.	
12 Advertising and promotion	19,697.	11,339.	3,376.	4,982.
13 Office expenses	72,851.	54,038.	8,880.	9,933.
14 Information technology	26,355.	16,987.	5,355.	4,013.
15 Royalties				
16 Occupancy	44,933.	30,951.	7,368.	6,614.
17 Travel	6,703.	3,832.	558.	2,313.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	74,622.	38,722.	3,127.	32,773.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	239,693.	227,286.	8,383.	4,024.
23 Insurance	23,813.	15,531.	5,312.	2,970.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEMBERSHIP	92,586.			92,586.
b AGRICULTURAL MATERIALS	85,688.	85,688.		
c FACILITIES	67,615.	46,932.	11,142.	9,541.
d PUBLIC PROGRAMS AND EDU	56,367.	56,367.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,916,635.	1,851,444.	529,413.	535,778.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	2,011.	1	2,011.	
	2 Savings and temporary cash investments	911,481.	2	951,108.	
	3 Pledges and grants receivable, net	81,305.	3	49,050.	
	4 Accounts receivable, net	1,142.	4	500.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	45,848.	8	43,149.	
	9 Prepaid expenses and deferred charges	40,529.	9	57,119.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,755,511.			
	b Less: accumulated depreciation	10b 3,866,078.	6,067,777.	10c 5,889,433.	
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11	11,981,991.	12	12,905,270.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	2.	15	2.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	19,132,086.	16	19,897,642.		
Liabilities	17 Accounts payable and accrued expenses	157,688.	17	188,259.	
	18 Grants payable		18		
	19 Deferred revenue	7,184.	19	19,251.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	164,872.	26	207,510.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	17,150,301.	27	17,030,061.	
	28 Temporarily restricted net assets	909,731.	28	731,639.	
	29 Permanently restricted net assets	907,182.	29	1,928,432.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	18,967,214.	33	19,690,132.		
34 Total liabilities and net assets/fund balances	19,132,086.	34	19,897,642.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,563,799.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,916,635.
3	Revenue less expenses. Subtract line 2 from line 1	3	647,164.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,967,214.
5	Net unrealized gains (losses) on investments	5	75,754.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	19,690,132.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization **GANNA WALSKA LOTUSLAND** Employer identification number **23-7082550**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,321,663.	1,213,177.	1,226,515.	1,536,672.	2,386,528.	7,684,555.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	299,147.	369,870.	432,083.	447,108.	545,956.	2,094,164.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	1,620,810.	1,583,047.	1,658,598.	1,983,780.	2,932,484.	9,778,719.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	344,980.	425,770.	273,548.	393,948.	1,331,937.	2,770,183.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	344,980.	425,770.	273,548.	393,948.	1,331,937.	2,770,183.
8 Public support. (Subtract line 7c from line 6.)						7,008,536.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	1,620,810.	1,583,047.	1,658,598.	1,983,780.	2,932,484.	9,778,719.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	428,961.	494,436.	437,919.	481,190.	468,962.	2,311,468.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	428,961.	494,436.	437,919.	481,190.	468,962.	2,311,468.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	68,200.	56,600.	99,250.	121,354.	-96,740.	248,664.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	8,232.				10,329.	18,561.
13 Total support. (Add lines 9, 10c, 11, and 12.)	2,126,203.	2,134,083.	2,195,767.	2,586,324.	3,315,035.	12,357,412.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	56.72 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	18.71 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990**

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

GANNA WALSKA LOTUSLAND

Employer identification number

23-7082550

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,618,885.	1,456,802.	1,385,618.	1,196,392.	922,880.
b Contributions	1,021,250.	42,429.	75,315.	66,550.	110,000.
c Net investment earnings, gains, and losses	100,565.	169,654.	1,620.	125,231.	163,512.
d Grants or scholarships					
e Other expenditures for facilities and programs	79,544.	50,000.	5,751.	2,555.	
f Administrative expenses					
g End of year balance	2,661,156.	1,618,885.	1,456,802.	1,385,618.	1,196,392.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 19.70 %
- b Permanent endowment 7.83 %
- c Temporarily restricted endowment 72.47 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,418,370.		3,418,370.
b Buildings		3,048,280.	1,741,518.	1,306,762.
c Leasehold improvements		2,608,475.	1,648,377.	960,098.
d Equipment		680,386.	476,183.	204,203.
e Other				0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				5,889,433.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) SCHWAB ONE	10,266,584.	END-OF-YEAR MARKET VALUE
(B) SCHWAB LOTUS SOCIETY	1,635,833.	END-OF-YEAR MARKET VALUE
(C) SCHWAB THEATER GARDEN	1,002,853.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	12,905,270.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	3,664,049.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	75,754.
b	Donated services and use of facilities	2b	10,798.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	86,552.
3	Subtract line 2e from line 1	3	3,577,497.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	59,983.
b	Other (Describe in Part XIII.)	4b	-73,681.
c	Add lines 4a and 4b	4c	-13,698.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	3,563,799.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	2,941,131.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	10,798.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	73,681.
e	Add lines 2a through 2d	2e	84,479.
3	Subtract line 2e from line 1	3	2,856,652.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	59,983.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	59,983.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,916,635.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 1A:

IN ACCORDANCE WITH GAAP, THE ORGANIZATION DOES NOT CAPITALIZE

DONATED OR PURCHASED COLLECTIONS OR RECOGNIZE THEM AS REVENUES OR GAINS.

GAAP PROVIDES THAT SUCH DONATIONS NEED NOT BE RECOGNIZED IF THEY ARE ADDED

TO COLLECTIONS THAT ARE HELD FOR PUBLIC EXHIBITION, EDUCATION, OR RESEARCH

IN FURTHERANCE OF PUBLIC SERVICES, RATHER THAN FINANCIAL GAIN, AND ARE

PROTECTED, KEPT UNENCUMBERED, CARED FOR, AND PRESERVED AND ARE SUBJECT TO

A POLICY THAT REQUIRES THE PROCEEDS FROM SALES OF COLLECTION ITEMS TO BE

USED TO ACQUIRE OTHER ITEMS FOR COLLECTIONS.

PART III, LINE 4:

THE ORGANIZATION'S BOTANICAL COLLECTIONS ARE MADE UP OF RARE

Part XIII Supplemental Information (continued)

AND UNUSUAL PLANT SPECIMENS ASSEMBLED IN NUMEROUS THEME GARDENS WHICH ARE OPEN TO VISITORS OF LOTUSLAND. THE ORGANIZATION EMPLOYS NUMEROUS HORTICULTURAL PROFESSIONALS TO MAINTAIN THE GARDENS. OTHER COLLECTIONS INCLUDE BOOKS AND VARIOUS PERSONAL EFFECTS OF MADAME GANNA WALSKA.

PART X, LINE 2:

FINANCIAL ACCOUNTING STANDARDS BOARD'S ASC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, PRESCRIBES A THRESHOLD FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ORGANIZATION FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTION AND IN THE STATE OF CALIFORNIA. THE ORGANIZATION'S TAX RETURNS FROM THE YEAR 2010 TO THE PRESENT REMAIN SUBJECT TO EXAMINATION BY THE IRS FOR FEDERAL TAX PURPOSES, AND THE TAX YEARS FROM 2009 TO PRESENT REMAIN SUBJECT TO EXAMINATION BY THE STATE OF CALIFORNIA. MANAGEMENT HAS EVALUATED ITS TAX POSITIONS FOR ALL JURISDICTIONS IN WHICH THE STATUTE OF LIMITATIONS REMAINS OPEN AND HAS DETERMINED THAT THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS. THE ORGANIZATION HAD NO UNRECOGNIZED TAX BENEFITS RELATED TO TAX POSITIONS TAKEN DURING THE YEARS ENDED DECEMBER 31, 2013 AND 2012 OR FOR PRIOR PERIODS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

GARDEN SHOP COST OF GOODS SOLD	-73,681.
--------------------------------	----------

PART XII, LINE 2D - OTHER ADJUSTMENTS:

GARDEN SHOP COST OF GOODS SOLD	73,681.
--------------------------------	---------

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		LL CELEBRATES (event type)	PLANT SALE (event type)	NONE (total number)	
Revenue	1 Gross receipts	483,367.	59,928.		543,295.
	2 Less: Contributions	366,667.	45,493.		412,160.
	3 Gross income (line 1 minus line 2)	116,700.	14,435.		131,135.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	203,151.	24,724.		227,875.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				227,875.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-96,740.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2013

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization

GANNA WALSKA LOTUSLAND

Employer identification number

23-7082550

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	X								
	4b	X								
	4c	X								
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p> <p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5a	X								
	5b	X								
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6a	X								
	6b	X								
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	X								
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

Schedule J (Form 990) 2013

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) GWEN STAUFFER EXECUTIVE DIRECTOR	(i)	144,519.	0.	0.	16,300.	10,332.	171,151.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization **GANNA WALSKA LOTUSLAND** Employer identification number **23-7082550**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	1	5,054.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	4	12,166.	RETAIL VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (AUCTION ITEMS)	X	6	52,000.	FAIR MARKET VALUE
26 Other ▶ (PLANTS)	X	152	11,767.	RETAIL VALUE
27 Other ▶ (EVENT ITEMS)	X	3	4,725.	RETAIL VALUE
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

GANNA WALSKA LOTUSLAND

Employer identification number

23-7082550

FORM 990

THE ORGANIZATION HAS NOTIFIED THE IRS OF ITS INTENT TO
TERMINATE ITS PRIVATE FOUNDATION STATUS UNDER SECTION 507(B)(1)(B) OF
THE INTERNAL REVENUE CODE BEGINNING JANUARY 1, 2009. GANNA WALSKA
LOTUSLAND OPERATED AS AN ORGANIZATION DESCRIBED IN SECTION 509(A)(2) OF
THE CODE DURING THE 60 MONTH ADVANCE RULING PERIOD BEGINNING JANUARY 1,
2009 AND ENDING DECEMBER 31, 2013. PER THE DETERMINATION LETTER ISSUED
BY THE INTERNAL REVENUE SERVICE DATED MARCH 16, 2009, DURING THE
ADVANCE RULING PERIOD, THE ORGANIZATION WAS TO FILE FORM 990-PF. THE
ORGANIZATION HAS SUCCESSFULLY COMPLETED THE 60 MONTH ADVANCE RULING
PERIOD; ACCORDINGLY, THE ORGANIZATION IS PREPARING ITS INITIAL FORM 990
AS A PUBLICLY SUPPORTED CHARITY. THE ORGANIZATION HAS FILED FORMS 8734
AND 8940 WITH THE IRS AND IS PENDING FINAL DETERMINATION.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PLANTS IN OUR LIVES AND IN THE LIFE OF THE PLANET.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

PARTICULAR, INDEPENDENT LIVING RESOURCE CENTER STAFF TEACH LOTUSLAND'S
STAFF AND DOCENTS HOW TO CONDUCT A TOUR BY WHEELCHAIR OR CART.

EXHIBITS - IN 2010, LOTUSLAND BEGAN OFFERING EXHIBITS AS A WAY TO
ADDRESS ISSUES CRITICAL TO LOTUSLAND'S MISSION AND THE GARDENS. EVERY
OTHER YEAR, SINCE 2011, LOTUSLAND PRESENTS A CONTEMPORARY ART EXHIBIT
ON THE TOPIC OF PLANT AND ECOSYSTEM CONSERVATION AND THE HUMAN

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DEPENDENCY ON PLANTS AND A BALANCED ECOSYSTEM. IN BETWEEN THOSE YEARS, LOTUSLAND PRESENTS AN EDUCATIONAL EXHIBIT ABOUT LOTUSLAND'S HISTORY, USING MATERIALS FROM OUR ARCHIVES.

CLASSES, LECTURES, WORKSHOPS AND SPECIAL EVENTS - EACH YEAR LOTUSLAND OFFERS SEVERAL LECTURES, CLASSES AND WORKSHOPS ON BOTANICAL, HORTICULTURAL, LANDSCAPE DESIGN, ENVIRONMENTAL, OR NATURAL HISTORY SUBJECTS. OTHER EVENTS ARE HELD ANNUALLY SUCH AS OUR EDUCATIONAL AND ENTERTAINING "MEMBERS' FAMILY DAY" AND "LOTUSFEST", A DAY OF CELEBRATING THE PLANT THAT IS LOTUSLAND'S NAMESAKE. MEMBERS OF THE LOTUSLAND STAFF ALSO PRESENT TALKS TO COMMUNITY ORGANIZATIONS. IN 2012, LOTUSLAND LAUNCHED AN ANNUAL PLANT SALE AND AUCTION FEATURING RARE AND SPECIAL PLANTS WITH AN OPPORTUNITY TO LEARN ABOUT THEM FROM REGIONAL GARDEN AND PLANT EXPERTS.

HORTICULTURAL INTERNSHIPS AND WORK EXPERIENCE POSITION - SINCE 1989 LOTUSLAND HAS OFFERED A SUMMER HORTICULTURAL INTERNSHIP TO STUDENTS WHO ARE ENROLLED IN OR HAVE RECENTLY COMPLETED A PROGRAM LEADING TO A BACHELOR'S DEGREE IN HORTICULTURE OR A RELATED DISCIPLINE. THE INTERNSHIP IS DESIGNED TO PROVIDE A HANDS-ON LANDSCAPE MAINTENANCE AND COLLECTION CURATORIAL EXPERIENCE TO STUDENTS INTERESTED IN PURSUING A MANAGEMENT CAREER IN PUBLIC HORTICULTURE. DURING THE SAME PERIOD, LOTUSLAND HAS PROVIDED PAID, PART-TIME WORK EXPERIENCE POSITIONS FOR STUDENTS ENROLLED IN THE ENVIRONMENTAL HORTICULTURAL PROGRAM AT SANTA BARBARA CITY COLLEGE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

SUSTAINABLE HORTICULTURE - SINCE 1993, LOTUSLAND HAS ADOPTED

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SUSTAINABLE HORTICULTURE METHODS MODELED ON NATURAL ECOSYSTEMS IN WHICH BIOLOGICAL DIVERSITY, COMPLEXITY, AND THE RECYCLING OF ENERGY AND NUTRIENTS ARE EMPLOYED. OUR SYSTEMS ARE BASED ON FULLY BALANCED, ECOLOGICAL SOIL MANAGEMENT PRACTICES, WHICH REPLENISH AND MAINTAIN SOIL FERTILITY BY PROVIDING OPTIMUM CONDITIONS FOR SOIL BIOLOGICAL ACTIVITY. WE HAVE NEARLY ELIMINATED ALL OFF-SITE INPUTS AND A RELIANCE ON NON-RENEWABLE RESOURCES. OUR SOIL PRACTICES INCLUDE GREEN WASTE RECYCLING THROUGH COMPOSTING, MULCHING AND APPLICATIONS OF COMPOST TEAS, INSECTARIES TO ATTRACT AND SUPPORT BENEFICIAL INSECT POPULATIONS, ORGANIC PEST AND DISEASE TREATMENTS AS A LAST RESORT TO CONTROL UNACCEPTABLE OUTBREAKS, AND ORGANIC FERTILIZERS. MANAGING LOTUSLAND'S BALANCED AND NATURALLY EVOLVING ECOSYSTEM REQUIRES CONSTANT MONITORING, PRACTICAL RESEARCH AND INNOVATIVE SOLUTIONS. LOTUSLAND HAS BEEN AND CONTINUES TO BE A PIONEER AMONG PUBLIC GARDENS AND OUTDOOR RECREATIONAL ENTITIES IN PRACTICING AND REFINING THESE TECHNIQUES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

FOURTH GRADE OUTREACH: THE FOURTH GRADE OUTREACH PROGRAM REACHES ALL SCHOOLS IN SOUTH SANTA BARBARA COUNTY AND HAS BEEN EXPANDED INTO THE FAR-FLUNG NORTH SANTA BARBARA COUNTY, NOW SERVING OVER 40 SCHOOLS AND NEARLY 90 CLASSROOMS, OF WHICH HALF ARE TITLE I SCHOOLS. THE FOURTH GRADE OUTREACH PROGRAM IS A PARTNERSHIP WITH EACH SCHOOL, PROVIDED AT NO COST TO THE SCHOOLS, AND INTEGRATES THE STATE OF CALIFORNIA FOURTH-GRADE CURRICULUM FOR LIFE SCIENCE FOR THE GREATEST POSSIBLE IMPACT IN IMPROVING THE STUDENT'S STEAM COMPREHENSION. DELIVERED IN THREE COMPONENTS, THE PROGRAM INCLUDES TEACHER TRAINING IN A SPECIALLY DEVISED FOURTH-GRADE INTERDISCIPLINARY CURRICULUM, THOUGHT-PROVOKING PRESENTATIONS SUPPORTED BY HANDS-ON MATERIALS IN EACH CLASSROOM, AND

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HANDS-ON FIELD STUDY EXPERIENCE CONDUCTED AT LOTUSLAND. THE PROGRAM ENCOURAGES CROSSOVER OF THE LIFE SCIENCE CURRICULUM INTO OTHER SUBJECT CURRICULA, SUCH AS MATH, CHEMISTRY, CREATIVE WRITING, ART, AND LANGUAGE, TO PROVIDE A MORE INTEGRATED LEARNING EXPERIENCE. EXPENSES \$ 71,761. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11:

AN AD HOC COMMITTEE CONSISTING OF THE BOARD TREASURER, EXECUTIVE DIRECTOR AND CFO REVIEW AND APPROVE THE FORM 990 PRIOR TO FILING. A COPY OF FORM 990 IS DISTRIBUTED TO EACH BOARD MEMBER PRIOR TO THE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST STATEMENTS ARE RENEWED ANNUALLY BY THE BOARD OF TRUSTEES AT THE JANUARY MEETING.

FORM 990, PART VI, SECTION B, LINE 15:

EXECUTIVE DIRECTOR SALARY IS DETERMINED BY STUDY OF SIMILAR NON-PROFIT EXECUTIVE PAY. THE SALARY SURVEY IS REVIEWED BY THE BOARD'S EXECUTIVE COMMITTEE AND WHEN A CONTRACT IS EXECUTED, IT IS VOTED AND APPROVED BY THE COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 18:

THE GOVERNING DOCUMENTS AND FORM 1023 ARE AVAILABLE AT THE LOTUSLAND OFFICES FOR REVIEW BY THE GENERAL PUBLIC

FORM 990, PART VI, SECTION C, LINE 19:

THREE YEARS OF FINANCIAL STATEMENTS ARE AVAILABLE ON THE LOTUSLAND WEBSITE.

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FORM 990, PART XII, LINE 2C:

THE AUDIT COMMITTEE OF THE LOTUSLAND BOARD OF TRUSTEES
ASSISTS THE BOARD OF TRUSTEES IN FULFILLING ITS RESPONSIBILITY FOR
OVERSIGHT OF THE ACCOUNTING, AUDITING, AND REPORTING PRACTICES OF
LOTUSLAND. THE COMMITTEE'S PURPOSE IS TO OVERSEE THE ACCOUNTING AND
FINANCIAL REPORTING PROCESSES OF LOTUSLAND, THE AUDITS OF LOTUSLAND'S
FINANCIAL STATEMENTS, THE QUALIFICATIONS OF THE PUBLIC ACCOUNTING FIRM
ENGAGED AS LOTUSLAND'S INDEPENDENT AUDITOR TO PREPARE OR ISSUE AN AUDIT
REPORT ON THE FINANCIAL STATEMENTS OF LOTUSLAND AND INTERNAL CONTROL
OVER FINANCIAL REPORTING.