

Form **990**

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

OMB No. 1545-0047

2014

Open to Public Inspection

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.

A For the 2014 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"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GANNA WALSKA LOTUSLAND Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 695 ASHLEY ROAD City or town, state or province, country, and ZIP or foreign postal code SANTA BARBARA, CA 93108 F Name and address of principal officer: GWEN STAUFFER SAME AS C ABOVE	D Employer identification number 23-7082550 E Telephone number (805) 969-3767 G Gross receipts \$ 7,553,586. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
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		
J Website: ▶ WWW.LOTUSLAND.ORG		
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

1	Briefly describe the organization's mission or most significant activities: TO PRESERVE AND ENHANCE THE UNIQUE AND HISTORIC ESTATE OF MADAME GANNA WALSKA.		
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	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	48
6	Total number of volunteers (estimate if necessary)	6	234
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	2,386,528.	2,838,475.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	476,825.	482,084.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	690,335.	590,768.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,111.	-40,144.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,563,799.	3,871,183.
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)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,982,986.	2,074,196.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 590,840.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	933,649.	972,212.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,916,635.	3,046,408.
19	Revenue less expenses. Subtract line 18 from line 12	647,164.	824,775.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	19,897,642.	20,406,915.
22	Net assets or fund balances. Subtract line 21 from line 20	207,510.	204,140.
22		19,690,132.	20,202,775.

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 GWEN STAUFFER, EXECUTIVE DIRECTOR Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name CATHERINE MACAULAY	Preparer's signature Date
	Firm's name ▶ DAMITZ, BROOKS, NIGHTINGALE Firm's address ▶ 200 EAST CARRILLO STREET, SUITE 303 SANTA BARBARA, CA 93101	Check if self-employed <input type="checkbox"/> PTIN P00178796 Firm's EIN ▶ 77-0076647 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 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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 \$ 290,547. including grants of \$) (Revenue \$ 482,230.) 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 \$ 330,662. including grants of \$) (Revenue \$ 70,276.) 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 \$ 1,133,053. 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 \$ 80,154. including grants of \$) (Revenue \$)

4e Total program service expenses 1,834,416.

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	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>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	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>	8 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>	9	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>	10 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>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b 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>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	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>	11e	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>	11f 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>	12a 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>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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>	14b	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>	15	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>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	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>	18 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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

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 domestic 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 or for domestic individuals 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?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
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? <i>If "Yes," complete Schedule L, Part II</i>		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
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
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
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
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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
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
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
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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>		
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
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
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Contains questions about Form 1096, Form W-2G, Form W-3, and various tax compliance issues.

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.		
	1a 19		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 19		
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
b	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:		
a	The governing body?	X	
b	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
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

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, address, and telephone number of the person who possesses the organization's books and records: **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 FIRST VICE PRESIDENT	2.00	X		X				0.	0.	0.
(3) CRYSTAL WYATT SECOND VICE PRESIDENT	2.00	X		X				0.	0.	0.
(4) IAN FISHER SECRETARY	2.00	X		X				0.	0.	0.
(5) WILLIAM M. DAUGHERTY TREASURER	2.00	X		X				0.	0.	0.
(6) MARC APPLETON TRUSTEE	2.00	X						0.	0.	0.
(7) DEBBY LONGO TRUSTEE	2.00	X						0.	0.	0.
(8) DANIEL BIFANO TRUSTEE	2.00	X						0.	0.	0.
(9) ANDY CHOU TRUSTEE	2.00	X						0.	0.	0.
(10) GEOFF CRANE TRUSTEE	2.00	X						0.	0.	0.
(11) BELLE HAHN COHEN TRUSTEE	2.00	X						0.	0.	0.
(12) MASON FARRELL TRUSTEE	2.00	X						0.	0.	0.
(13) ISABELLE GREENE TRUSTEE	2.00	X						0.	0.	0.
(14) DAWN LAFITTE TRUSTEE	2.00	X						0.	0.	0.
(15) SUZANNE MATHEWS TRUSTEE	2.00	X						0.	0.	0.
(16) EILEEN RASMUSSEN TRUSTEE	2.00	X						0.	0.	0.
(17) SUSANNE TOBEY 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) LELAND WALMSLEY TRUSTEE	2.00	X						0.	0.	0.
(19) PEGGY WILEY TRUSTEE	2.00	X						0.	0.	0.
(20) GWEN STAUFFER EXECUTIVE DIRECTOR	40.00			X				151,191.	0.	39,741.
(21) DIANE FIGUEROA CHIEF FINANCIAL OFFICER	20.00			X				25,934.	0.	36,874.
1b Sub-total								177,125.	0.	76,615.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								177,125.	0.	76,615.

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	444,200.				
	c Fundraising events	1c	427,565.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,966,710.				
	g Noncash contributions included in lines 1a-1f: \$		62,267.				
	h Total. Add lines 1a-1f		2,838,475.				
Program Service Revenue	2 a ADMISSION FEES	Business Code	110000	411,808.	411,808.		
	b EDUCATIONAL PROGRAM FEES		110000	70,276.	70,276.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			482,084.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			424,275.		424,275.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	17,181.				
		(ii) Personal					
		b Less: rental expenses		0.			
		c Rental income or (loss)		17,181.			
	d Net rental income or (loss)			17,181.		17,181.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	3,545,808.				
		(ii) Other					
		b Less: cost or other basis and sales expenses		3,379,315.			
		c Gain or (loss)		166,493.			
	d Net gain or (loss)			166,493.		166,493.	
	8 a Gross income from fundraising events (not including \$ 427,565. of contributions reported on line 1c). See Part IV, line 18	a	102,140.				
		b Less: direct expenses		231,387.			
c Net income or (loss) from fundraising events				-129,247.		-129,247.	
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	142,123.					
	b Less: cost of goods sold		71,701.				
	c Net income or (loss) from sales of inventory			70,422.	70,422.		
Miscellaneous Revenue		Business Code					
11 a OTHER INCOME		900099		1,500.		1,500.	
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d				1,500.			
12 Total revenue. See instructions.				3,871,183.	552,506.	0.	
						480,202.	

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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	253,740.	22,912.	206,007.	24,821.
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	1,376,186.	1,000,601.	130,441.	245,144.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	55,930.	34,900.	8,558.	12,472.
9 Other employee benefits	346,651.	231,147.	67,322.	48,182.
10 Payroll taxes	41,689.	26,014.	6,378.	9,297.
11 Fees for services (non-employees):				
a Management				
b Legal	4,592.		4,592.	
c Accounting	35,002.		35,002.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	64,017.		64,017.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	19,901.	1,178.	12,815.	5,908.
12 Advertising and promotion	11,289.	6,895.	995.	3,399.
13 Office expenses	98,096.	43,316.	5,411.	49,369.
14 Information technology	49,835.	31,614.	9,707.	8,514.
15 Royalties				
16 Occupancy	164,248.	98,730.	23,438.	42,080.
17 Travel	13,793.	8,577.	559.	4,657.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	92,956.	25,878.	3,640.	63,438.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	241,253.	145,017.	34,427.	61,809.
23 Insurance	25,188.	15,141.	3,594.	6,453.
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 AGRICULTURAL MATERIALS	105,606.	105,606.		
b MISCELLANEOUS EXPENSES	24,670.	15,124.	4,249.	5,297.
c PUBLIC PROGRAMS AND EDU	21,766.	21,766.		
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	3,046,408.	1,834,416.	621,152.	590,840.
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)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	2,011.	1	2,011.
	2 Savings and temporary cash investments	951,108.	2	1,112,743.
	3 Pledges and grants receivable, net	49,050.	3	89,000.
	4 Accounts receivable, net	500.	4	0.
	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	43,149.	8	57,156.
	9 Prepaid expenses and deferred charges	57,119.	9	40,726.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,905,878.		
	b Less: accumulated depreciation	10b 4,107,330.		
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	12,905,270.	12	13,306,729.
	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)	19,897,642.	16	20,406,915.	
Liabilities	17 Accounts payable and accrued expenses	188,259.	17	200,190.
	18 Grants payable		18	
	19 Deferred revenue	19,251.	19	3,950.
	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	207,510.	26	204,140.
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	17,030,061.	27	16,411,725.
	28 Temporarily restricted net assets	731,639.	28	797,618.
	29 Permanently restricted net assets	1,928,432.	29	2,993,432.
	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	19,690,132.	33	20,202,775.	
34 Total liabilities and net assets/fund balances	19,897,642.	34	20,406,915.	

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	3,871,183.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,046,408.
3	Revenue less expenses. Subtract line 2 from line 1	3	824,775.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19,690,132.
5	Net unrealized gains (losses) on investments	5	-312,132.
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	20,202,775.

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
b	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	
c	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
b	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 _____		

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
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 2014 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2014. 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 - 2013. 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 - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,213,177.	1,226,515.	1,536,672.	2,386,528.	2,838,475.	9,201,367.
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	369,870.	432,083.	447,108.	545,956.	552,506.	2,347,523.
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	1,583,047.	1,658,598.	1,983,780.	2,932,484.	3,390,981.	11,548,890.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	425,770.	273,548.	393,948.	1,331,937.	1,357,475.	3,782,678.
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	425,770.	273,548.	393,948.	1,331,937.	1,357,475.	3,782,678.
8 Public support. (Subtract line 7c from line 6.)						7,766,212.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	1,583,047.	1,658,598.	1,983,780.	2,932,484.	3,390,981.	11,548,890.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	494,436.	437,919.	481,190.	468,962.	441,456.	2,323,963.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	494,436.	437,919.	481,190.	468,962.	441,456.	2,323,963.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	56,600.	99,250.	121,354.			277,204.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				10,329.	1,500.	11,829.
13 Total support. (Add lines 9, 10c, 11, and 12.)	2,134,083.	2,195,767.	2,586,324.	3,411,775.	3,833,937.	14,161,886.

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 2014 (line 8, column (f) divided by line 13, column (f))	15	54.84 %
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	56.72 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	16.41 %
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	18.71 %

19a 33 1/3% support tests - 2014. 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 - 2013. 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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

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

2014

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 value of contributions to (during year)		
3 Aggregate value of 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.

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- 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
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 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)?
- 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.

- 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.
- 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) Revenue included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
- 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 Revenue 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, for escrow or custodial account liability? 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	2,661,156.	1,618,885.	1,456,802.	1,385,618.	1,196,392.
b Contributions	1,065,000.	1,021,250.	42,429.	75,315.	66,550.
c Net investment earnings, gains, and losses	34,613.	100,565.	169,654.	1,620.	125,231.
d Grants or scholarships					
e Other expenditures for facilities and programs	98,607.	79,544.	50,000.	5,751.	2,555.
f Administrative expenses					
g End of year balance	3,662,162.	2,661,156.	1,618,885.	1,456,802.	1,385,618.

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

- a Board designated or quasi-endowment 14.47 %
- b Permanent endowment 3.79 %
- c Temporarily restricted endowment 81.74 %

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 checked="" type="checkbox"/>
(ii) related organizations		<input checked="" type="checkbox"/>
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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.	1,827,800.	1,220,480.
c Leasehold improvements		2,609,575.	1,764,180.	845,395.
d Equipment		829,653.	515,350.	314,303.
e Other				0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,798,548.

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	9,651,964.	END-OF-YEAR MARKET VALUE
(B) SCHWAB LOTUS SOCIETY	2,655,710.	END-OF-YEAR MARKET VALUE
(C) SCHWAB THEATER GARDEN	999,055.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	13,306,729.	

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	3,575,435.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-312,132.
b	Donated services and use of facilities	2b	8,700.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	29,050.
e	Add lines 2a through 2d	2e	-274,382.
3	Subtract line 2e from line 1	3	3,849,817.
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	64,017.
b	Other (Describe in Part XIII.)	4b	-42,651.
c	Add lines 4a and 4b	4c	21,366.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	3,871,183.

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	3,062,792.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	8,700.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	71,701.
e	Add lines 2a through 2d	2e	80,401.
3	Subtract line 2e from line 1	3	2,982,391.
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	64,017.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	64,017.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	3,046,408.

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 AND UNUSUAL

Part XIII Supplemental Information (continued)

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 2011 TO THE PRESENT REMAIN SUBJECT TO EXAMINATION BY THE IRS FOR FEDERAL TAX PURPOSES, AND THE TAX YEARS FROM 2010 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, 2014 AND 2013 OR FOR PRIOR PERIODS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DONATED SERVICES FOR SPECIAL EVENTS	29,050.
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PART XI, LINE 4B - OTHER ADJUSTMENTS:

GARDEN SHOP COST OF GOODS SOLD	-71,701.
DONATED SERVICES FOR SPECIAL EVENTS	29,050.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-42,651.

Part XIII Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

GARDEN SHOP COST OF GOODS SOLD 71,701.

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))
		LOTUSLAND CELEBRATES (event type)	PLANT SALE (event type)	NONE (total number)	
Revenue	1 Gross receipts	490,130.	39,575.		529,705.
	2 Less: Contributions	396,675.	30,890.		427,565.
	3 Gross income (line 1 minus line 2)	93,455.	8,685.		102,140.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	208,335.	23,052.		231,387.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				231,387.
11 Net income summary. Subtract line 10 from line 3, column (d)				-129,247.	

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))
Revenue	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 conducts gaming activities: _____
a Is the organization licensed to conduct 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

2014

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

GANNA WALSKA LOTUSLAND

Employer identification number

23-7082550

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <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) |

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

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?

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.

- | | |
|---|---|
| <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 |

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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

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:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

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

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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 in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) GWEN STAUFFER EXECUTIVE DIRECTOR	(i)	151,191.	0.	0.	31,500.	8,241.	190,932.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

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	9,524.	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	2	9,000.	RETAIL VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (AUCTION ITEMS)	X	6	57,000.	FAIR MARKET VALUE
26 Other ▶ (PLANTS)	X	64	13,243.	RETAIL VALUE
27 Other ▶ (EVENT ITEMS)	X	1	1,000.	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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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?

	Yes	No
30a		X
31	X	
32a		X
33		

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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.

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

Schedule M (Form 990) (2014)

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

2014

Open to Public
Inspection

Name of the organization

GANNA WALSKA LOTUSLAND

Employer identification number

23-7082550

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
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 BOTANCIAL,
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.

Name of the organization

GANNA WALSKA LOTUSLAND

Employer identification number

23-7082550

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 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.

Name of the organization

GANNA WALSKA LOTUSLAND

Employer identification number

23-7082550

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 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 \$ 80,154. 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.

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

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, FORM 1023 AND FORM 990 ARE AVAILABLE AT THE LOTUSLAND OFFICES FOR REVIEW BY THE GENERAL PUBLIC

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

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. GANNA WALSKA LOTUSLAND	Employer identification number (EIN) or 23-7082550
	Number, street, and room or suite no. If a P.O. box, see instructions. 695 ASHLEY ROAD	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SANTA BARBARA, CA 93108	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

GWEN STAUFFER

- The books are in the care of **695 ASHLEY ROAD - SANTA BARBARA, CA 93108**
Telephone No. **(808) 969-3767** Fax No.

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2015.**

5 For calendar year **2014**, or other tax year beginning _____, and ending _____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title Date

California Exempt Organization Annual Information Return

Calendar Year 2014 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Corporation/Organization Name GANNA WALSKA LOTUSLAND <small>Additional Information. See instructions.</small>		California corporation number 0354071
Street address (suite or room) 695 ASHLEY ROAD		PMB no.
City SANTA BARBARA	State CA	ZIP code 93108
Foreign country name	Foreign province/state/country	Foreign postal code

<p>A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990-PF (3) <input type="checkbox"/> Sch H (990)</p> <p>G Is this a group filing? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H Is this organization in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p> <p>I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? If "Yes," enter the gross receipts from nonmember sources \$ _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. <input checked="" type="checkbox"/></p> <p>M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>P Is an IRS Form 1023/1024 pending? Date filed with IRS _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
---	--

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	4,715,111.00
	2	Gross dues and assessments from members and affiliates	2	444,200.00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	2,394,275.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B STMT 4	4	7,553,586.00
	5	Cost of goods sold STMT 3 STMT 2	5	71,701.00
	6	Cost or other basis, and sales expenses of assets sold	6	3,379,315.00
	7	Total costs. Add line 5 and line 6	7	3,451,016.00
	8	Total gross income. Subtract line 7 from line 4	8	4,102,570.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	3,277,795.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	824,775.00
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11	N/A 00
	12	Total payments	12	00
	13	Penalties and Interest. See General Instruction J	13	00
	14	Use tax. See General Instruction K	14	00
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	00

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

Sign Here	Signature of officer EXECUTIVE DIRE	Date	• Telephone
Paid Preparer's Use Only	Preparer's signature	Date	• PTIN P00178796
	Firm's name (or yours, if self-employed) and address DAMITZ, BROOKS, NIGHTINGALE 200 EAST CARRILLO STREET, SUITE 303 SANTA BARBARA, CA 93101	Check if self-employed <input type="checkbox"/>	• FEIN 77-0076647
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		• Telephone 805-963-1837

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

428951 11-26-14

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	244,263.00
	2	Interest	•	2	555.00
	3	Dividends	•	3	423,720.00
	4	Gross rents	•	4	17,181.00
	5	Gross royalties	•	5	00
	6	Gross amount received from sale of assets (See Instructions) STATEMENT 5	•	6	3,545,808.00
	7	Other income SEE STATEMENT 6	•	7	483,584.00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	4,715,111.00
	9	Contributions, gifts, grants, and similar amounts paid	•	9	00
	10	Disbursements to or for members	•	10	00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 7	•	11	253,740.00
	12	Other salaries and wages	•	12	1,376,186.00
	13	Interest	•	13	00
	14	Taxes	•	14	41,689.00
	15	Rents	•	15	164,248.00
	16	Depreciation and depletion (See instructions)	•	16	241,253.00
	17	Other Expenses and Disbursements SEE STATEMENT 8	•	17	1,200,679.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	3,277,795.00

Schedule L Balance Sheets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		953,119.		• 1,114,754.
2 Net accounts receivable		500.		•
3 Net notes receivable				•
4 Inventories		43,149.		• 57,156.
5 Federal and state government obligations				•
6 Investments in other bonds				•
7 Investments in stock				•
8 Mortgage loans				•
9 Other investments STMT 9		12,905,270.		• 13,306,729.
10 a Depreciable assets	6,337,141.		6,487,508.	
b Less accumulated depreciation	(3,866,078.)	2,471,063.	(4,107,330.)	2,380,178.
11 Land		3,418,370.		• 3,418,370.
12 Other assets STMT 10		106,171.		• 129,728.
13 Total assets		19,897,642.		20,406,915.
Liabilities and net worth				
14 Accounts payable		188,259.		• 200,190.
15 Contributions, gifts, or grants payable				•
16 Bonds and notes payable				•
17 Mortgages payable				•
18 Other liabilities STMT 11		19,251.		3,950.
19 Capital stock or principal fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund		19,690,132.		• 20,202,775.
22 Total liabilities and net worth		19,897,642.		20,406,915.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1	Net income per books	• 512,643.	7	Income recorded on books this year not included in this return.	•
2	Federal income tax	•	8	Deductions in this return not charged against book income this year	•
3	Excess of capital losses over capital gains	•	9	Total. Add line 7 and line 8	
4	Income not recorded on books this year	•	10	Net income per return.	
5	Expenses recorded on books this year not deducted in this return STMT 12	• 312,132.		Subtract line 9 from line 6	824,775.
6	Total. Add line 1 through line 5	824,775.			

FORM 199

COST OF GOODS SOLD
INCLUDED ON PART I, LINE 5

STATEMENT 2

COST OF GOODS SOLD

1. INVENTORY AT BEGINNING OF YEAR		43,149
2. MERCHANDISE PURCHASED.	80,137	
3. COST OF LABOR.		
4. MATERIALS AND SUPPLIES		
5. OTHER COSTS.	5,571	
6. ADD LINES 1 THROUGH 5		128,857
7. INVENTORY AT END OF YEAR		57,156
8. COST OF GOODS SOLD (LINE 6 LESS LINE 7) . .		71,701

FORM 199	COST OF GOODS SOLD - OTHER COSTS	STATEMENT	3
<u>DESCRIPTION</u>		<u>AMOUNT</u>	
OVERHEAD		5,571.	
TOTAL INCLUDED ON FORM 199, PART I, LINE 5		5,571.	

FORM 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 5

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	3,379,315.	0.	0.	3,545,808.
TOTAL TO FORM 199, PAGE 2, LN 6	3,379,315.	0.	0.	3,545,808.

FORM 199 OTHER INCOME STATEMENT 6

DESCRIPTION	AMOUNT
OTHER INCOME	1,500.
ADMISSION FEES	411,808.
EDUCATIONAL PROGRAM FEES	70,276.
TOTAL TO FORM 199, PART II, LINE 7	483,584.

FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 7

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HRS WORKED/WK</u>	<u>COMPENSATION</u>
LARRY DURHAM 695 ASHLEY ROAD SANTA BARBARA, CA 93108	PRESIDENT 2.00	0.
CONNIE PEARCY 695 ASHLEY ROAD SANTA BARBARA, CA 93108	FIRST VICE PRESIDENT 2.00	0.
CRYSTAL WYATT 695 ASHLEY ROAD SANTA BARBARA, CA 93108	SECOND VICE PRESIDENT 2.00	0.
IAN FISHER 695 ASHLEY ROAD SANTA BARBARA, CA 93108	SECRETARY 2.00	0.
WILLIAM M. DAUGHERTY 695 ASHLEY ROAD SANTA BARBARA, CA 93108	TREASURER 2.00	0.
MARC APPLETON 695 ASHLEY ROAD SANTA BARBARA, CA 93108	TRUSTEE 2.00	0.
DEBBY LONGO 695 ASHLEY ROAD SANTA BARBARA, CA 93108	TRUSTEE 2.00	0.
DANIEL BIFANO 695 ASHLEY ROAD SANTA BARBARA, CA 93108	TRUSTEE 2.00	0.
ANDY CHOU 695 ASHLEY ROAD SANTA BARBARA, CA 93108	TRUSTEE 2.00	0.
GEOFF CRANE 695 ASHLEY ROAD SANTA BARBARA, CA 93108	TRUSTEE 2.00	0.
BELLE HAHN COHEN 695 ASHLEY ROAD SANTA BARBARA, CA 93108	TRUSTEE 2.00	0.

MASON FARRELL 695 ASHLEY ROAD SANTA BARBARA, CA 93108	TRUSTEE 2.00	0.
ISABELLE GREENE 695 ASHLEY ROAD SANTA BARBARA, CA 93108	TRUSTEE 2.00	0.
DAWN LAFITTE 695 ASHLEY ROAD SANTA BARBARA, CA 93108	TRUSTEE 2.00	0.
SUZANNE MATHEWS 695 ASHLEY ROAD SANTA BARBARA, CA 93108	TRUSTEE 2.00	0.
EILEEN RASMUSSEN 695 ASHLEY ROAD SANTA BARBARA, CA 93108	TRUSTEE 2.00	0.
SUSANNE TOBEY 695 ASHLEY ROAD SANTA BARBARA, CA 93108	TRUSTEE 2.00	0.
LELAND WALMSLEY 695 ASHLEY ROAD SANTA BARBARA, CA 93108	TRUSTEE 2.00	0.
PEGGY WILEY 695 ASHLEY ROAD SANTA BARBARA, CA 93108	TRUSTEE 2.00	0.
GWEN STAUFFER 695 ASHLEY ROAD SANTA BARBARA, CA 93108	EXECUTIVE DIRECTOR 40.00	190,932.
DIANE FIGUEROA 695 ASHLEY ROAD SANTA BARBARA, CA 93108	CHIEF FINANCIAL OFFICER 20.00	62,808.

TOTAL TO FORM 199, PART II, LINE 11

253,740.

FORM 199	OTHER EXPENSES	STATEMENT	8
DESCRIPTION		AMOUNT	
AGRICULTURAL MATERIALS		105,606.	
MISCELLANEOUS EXPENSES		24,670.	
PUBLIC PROGRAMS AND EDU		21,766.	
DIRECT EXPENSES OF FUNDRAISING EVENTS		231,387.	
PENSION PLAN CONTRIBUTIONS		55,930.	
OTHER EMPLOYEE BENEFITS		346,651.	
LEGAL FEES		4,592.	
ACCOUNTING FEES		35,002.	
INVESTMENT MANAGEMENT FEES		64,017.	
OTHER PROFESSIONAL FEES		19,901.	
ADVERTISING AND PROMOTION		11,289.	
OFFICE EXPENSES		98,096.	
INFORMATION TECHNOLOGY		49,835.	
TRAVEL		13,793.	
CONFERENCES AND CONVENTIONS		92,956.	
INSURANCE		25,188.	
TOTAL TO FORM 199, PART II, LINE 17		1,200,679.	

FORM 199	OTHER INVESTMENTS	STATEMENT	9
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
SCHWAB ONE	10,266,584.	9,651,964.	
SCHWAB LOTUS SOCIETY	1,635,833.	2,655,710.	
SCHWAB THEATER GARDEN	1,002,853.	999,055.	
TOTAL TO FORM 199, SCHEDULE L, LINE 9	12,905,270.	13,306,729.	

FORM 199	OTHER ASSETS	STATEMENT	10
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PLEDGES AND GRANTS RECEIVABLE	49,050.	89,000.	
PREPAID EXPENSES AND DEFERRED CHARGES	57,119.	40,726.	
MINERAL INTEREST, SB COUNTY	1.	1.	
MINERAL RIGHTS, TEXAS	1.	1.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	106,171.	129,728.	

FORM 199	OTHER LIABILITIES	STATEMENT	11
DESCRIPTION		BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE		19,251.	3,950.
TOTAL TO FORM 199, SCHEDULE L, LINE 18		19,251.	3,950.

FORM 199	EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED IN THIS RETURN	STATEMENT	12
DESCRIPTION		AMOUNT	
UNREALIZED LOSS		312,132.	
TOTAL TO FORM 199, SCHEDULE M-1, LINE 5		312,132.	

FORM 199	FUND BALANCES	STATEMENT	13
DESCRIPTION		BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS		17,030,061.	16,411,725.
TEMPORARILY RESTRICTED ASSETS		731,639.	797,618.
PERMANENTLY RESTRICTED ASSETS		1,928,432.	2,993,432.
TOTAL TO FORM 199, SCHEDULE L, LINE 21		19,690,132.	20,202,775.

Attach to Form 100 or Form 100W.

FORM 199

FEIN 23-7082550

Corporation name

California corporation number

GANNA WALSKA LOTUSLAND

0354071

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	\$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2015. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

(a) Description property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation Method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation	
14	1 PROPERTY AND EQUIPMENT							
	VARIOUS	9,905,878.	3,866,077.		.000	241,253.		
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)						15	241,253.

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	241,253.
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	241,253.
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	0.

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instructions)	(f) Period or percentage	(g) Amortization for this year	
19							
20	Total. Add the amounts in column (g)						20
21	Total amortization claimed for federal purposes from federal Form 4562, line 44						21
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12						22

TAXABLE YEAR
2014

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name GANNA WALSKA LOTUSLAND	Identifying number 23-7082550
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Part I Electronic Return Information (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	7,553,586.00
2	Total gross income (Form 199, line 8)	2	4,102,570.00
3	Total expenses and disbursements (Form 199, line 9)	3	3,277,795.00

Part II Settle Your Account Electronically for Taxable Year 2014

4	<input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
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Part III Banking Information (Have you verified the exempt organization's banking information?)

5	Routing number _____	7	Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6	Account number _____		

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2014 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider, the reason(s) for the delay.**

Sign Here	 Signature of Officer	_____ Date	 EXECUTIVE DIRECTOR Title
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Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2014 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign	 ERO's signature	_____ Date	<input type="checkbox"/> Check if also paid preparer	<input type="checkbox"/> Check if self-employed	ERO's PTIN _____
	Firm's name (or yours if self-employed) and address DAMITZ, BROOKS, NIGHTINGALE 200 EAST CARRILLO STREET, SUITE 303 SANTA BARBARA, CA				FEIN 77-0076647 ZIP Code 93101

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign	 Paid preparer's signature	_____ Date	<input type="checkbox"/> Check if self-employed	Paid preparer's PTIN P00178796
	Firm's name (or yours if self-employed) and address DAMITZ, BROOKS, NIGHTINGALE 200 EAST CARRILLO STREET, SUITE 303 SANTA BARBARA, CA			FEIN 77-0076647 ZIP Code 93101

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

**ANNUAL
 REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT <u>55609</u> GANNA WALSKA LOTUSLAND <small>Name of Organization</small> <u>695 ASHLEY ROAD</u> <small>Address (Number and Street)</small> <u>SANTA BARBARA, CA 93108</u> <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>0354071</u> Federal Employer I.D. No. <u>23-7082550</u>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2014 ending 12/31/2014) list:
 Gross annual revenue \$ 3,871,183. Total assets \$ 20,406,915.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? SEE STATEMENT 14	X	
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred. SEE STATEMENT 15	X	
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number (805) 969-3767

Organization's e-mail address _____

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

GWEN STAUFFER <small>Signature of authorized officer</small>	EXECUTIVE DIRECTOR <small>Title</small>
<small>Printed Name</small>	<small>Date</small>

FORM RRF-1

EXPLANATION OF FINANCIAL TRANSACTIONS
PART B, LINE 1

STATEMENT 14

THE ORGANIZATION UTILIZES THE FIRM OF PRICE, POSTEL & PARMA FOR LEGAL SERVICES. MR. IAN FISHER, A PRINCIPAL OF THE LAW FIRM, IS THE SECRETARY OF THE BOARD OF DIRECTORS OF THE ORGANIZATION. FOR THESE SERVICES THE ORGANIZATION PAYS THE USUAL AND CUSTOMARY FEES AS BILLED TO IT BY THE LAW FIRM.

FORM RRF-1

EXPLANATION OF CHARITABLE RAFFLES
PART B, LINE 7

STATEMENT 15

THE ORGANIZATION HELD TWO RAFFLES DURING 2014:
JULY 12, 2014
JULY 27, 2014